

Welcome to Ocean State Libraries!

Library User Agreement

I hereby apply for OSL borrowing privileges. By signing my card, I agree to comply with the policies of each member library with which I do business. By becoming an OSL library cardholder, I understand that:

- All library materials checked out on my card are my responsibility.
- My library card is not transferable.
- By signing a library card application for a juvenile, I accept responsibility for charges on said child's card and acknowledge that it is my responsibility, not the library's, to monitor and approve my child's choice of library materials and/or other information resources.
- My library card has an expiration date and needs to be renewed every 3 years.
- Failure to return library materials or pay my fines may result in suspension of my library privileges and/or legal action. (R.I. Gen. Laws 11-41-14)

I also agree to:

- Return all borrowed items by the due date (late returns may result in overdue charges on your account.)
- Pay replacement and processing costs assessed for lost, unreturned, or damaged materials.
- Promptly report any change in my address or contact information.
- Promptly report if my card is lost or stolen.

Email Notifications: If you elected to receive email notifications, please make sure they do not go into your spam folder! Add notices@rilibrary.org to the contact list in your email account.



LIBRARY CARD APPLICATION

ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL

***REQUIRED**

***Name** _____
First Name Middle Initial Last Name

***Legal Name (if different than above)** _____
First Name Middle Initial Last Name

***Mailing Address** _____

***City** _____ ***State** _____ ***Zip** _____

***Phone** _____ - _____ - _____ **Alternate Phone** _____ - _____ - _____

***Date of Birth** _____ / _____ / _____ **Preferred Language** English ___ Prefer Not to Say ___ Other _____
month day year

I would like to receive my library's e-newsletter _____

Email _____

***I would like to receive my Library Notices by:** e-mail _____ phone call _____ text msg _____

***Legal Residential Address (if different from mailing address)**

City _____ **State** _____ **Zip** _____

I AGREE TO ABIDE BY STATE LIBRARY LAWS AND LOCAL LIBRARY REGULATIONS AND UNDERSTAND THAT I AM RESPONSIBLE FOR ALL MATERIALS BORROWED WITH MY CARD.

SIGNATURE _____ **Date** _____

Guardian Name (for applicants under 13) _____
Please print

----- **For Library Use Only** -----

ID Presented _____ Barcode: 21450 _____

Registered by _____ Date _____ Patron Type if not RI Resident _____