Waneta T. Blake Library Card Application

Last name:	
First name: Middle Initial DL # (or state ID #) Mailing address:	UNIVERSITY OF MAINE FORT KENT UNIVERSITÉ DU MAINE Blake Library
Email: phone: *Until proof of residency is established, only one item may be checked out at a time.	*Applicants under the age of 14 must have the signature of a parent or legal guardian.* PARENT'S/GUARDIAN'S AGREEMENT: I agree to be responsible for this minor's selection and use of library materials and I assume responsibility for materials borrowed. I certify that information on this application card is correct. Signature of Parent/Guardian:
BORROWER'S AGREEMENT: I agree to observe all Library rules and be responsible for all fees for special services as well as fines and other charges for late return of, loss of, or damage to all materials charged on this card. This includes items lost or stolen by someone using my unreported lost or stolen card. I will report the loss or the theft of my card immediately as well as any change in address information. This card is not transferable. My signature below indicates acceptance of the terms outlined above. Your Signature:	Office use only: Barcode # Expiration date: Staff initials: Notes: