

# Harris County Public Library Enhanced+ Card Application

\* Indicates Required Information

Please complete the form in Blue or Black ink.

<b>FIRST NAME*</b>		<b>MIDDLE NAME*</b>		<b>LAST NAME*</b>	
You need a PIN along with a library card number to review account information, renew materials or place holds online at home or with a public computer located at any of our HCPL Branches.			<b>CHOOSE OR RECONFIRM PIN*</b> PLEASE USE A 4 DIGIT NUMBER _ _ _ _		<b>DATE OF BIRTH*</b>
<b>GENDER*</b> (CIRCLE) M F X					
<b>PARENTS' OR GUARDIANS' NAMES FOR CHILD (if under 18 years old):</b> ACCESS TO INFORMATION CONCERNING THIS LIBRARY CARD WILL BE RELEASED ONLY TO CARDHOLDER AND/OR PERSONS LISTED HERE.					
<b>ADDRESS*</b> STREET: _____			<b>CITY*</b>		<b>STATE*</b> <b>ZIP*</b>
APT: _____					
<b>EMAIL ADDRESS</b> (LEAVE BLANK IF YOU DO NOT WANT TO RECEIVE NOTICES BY EMAIL.)			<b>PHONE Number</b>		<b>PRIVATE CODE WORD*</b> (REQUIRED FOR PIN)
<b>COUNTY OF RESIDENCE*</b>		PERSONS ALLOWED TO CHECK OUT YOUR RESERVED MATERIAL ON THEIR HCPL CARD			
I agree to accept financial responsibility for all items checked out on my library card.					<input type="checkbox"/> <b>CHECK HERE*</b>
<b>Do not write in shaded area. For staff use.</b>		DATE: _____		BRANCH: _____	
		LIBRARY CARD NUMBER: 2 4 0 2 8 _____		<input type="checkbox"/> Adult <input type="checkbox"/> Child (under 18)	

# Harris County Public Library Enhanced+ Card Application

\* Indicates Required Information

Please complete the form in Blue or Black ink.

<b>FIRST NAME*</b>		<b>MIDDLE NAME*</b>		<b>LAST NAME*</b>	
You need a PIN along with a library card number to review account information, renew materials or place holds online at home or with a public computer located at any of our HCPL Branches.			<b>CHOOSE OR RECONFIRM PIN*</b> PLEASE USE A 4 DIGIT NUMBER _ _ _ _		<b>DATE OF BIRTH*</b>
<b>GENDER*</b> (CIRCLE) M F X					
<b>PARENTS' OR GUARDIANS' NAMES FOR CHILD (if under 18 years old):</b> ACCESS TO INFORMATION CONCERNING THIS LIBRARY CARD WILL BE RELEASED ONLY TO CARDHOLDER AND/OR PERSONS LISTED HERE.					
<b>ADDRESS*</b> STREET: _____			<b>CITY*</b>		<b>STATE*</b> <b>ZIP*</b>
APT: _____					
<b>EMAIL ADDRESS</b> (LEAVE BLANK IF YOU DO NOT WANT TO RECEIVE NOTICES BY EMAIL.)			<b>PHONE Number</b>		<b>PRIVATE CODE WORD*</b> (REQUIRED FOR PIN)
<b>COUNTY OF RESIDENCE*</b>		PERSONS ALLOWED TO CHECK OUT YOUR RESERVED MATERIAL ON THEIR HCPL CARD			
I agree to accept financial responsibility for all items checked out on my library card.					<input type="checkbox"/> <b>CHECK HERE*</b>
<b>Do not write in shaded area. For staff use.</b>		DATE: _____		BRANCH: _____	
		LIBRARY CARD NUMBER: 2 4 0 2 8 _____		<input type="checkbox"/> Adult <input type="checkbox"/> Child (under 18)	