

Harris County Public Library Card Application

Please complete the form in Blue or Black ink.

First NAME		MIDDLE NAME		LAST NAME	
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.				CHOOSE OR RECONFIRM PIN. DOB (If under 18 years old) PLEASE USE A 4 DIGIT NUMBER	
PARENTS' OR GUARDIANS' NAMES FOR CHILD (If under 18 years old): ACCESS TO INFORMATION CONCERNING THIS LIBRARY CARD WILL BE RELEASED ONLY TO CARDHOLDER AND/OR PERSONS LISTED HERE.					
MAILING ADDRESS (PLEASE PROVIDE PROOF OF CURRENT MAILING ADDRESS.) STREET OR P.O. BOX			CITY APT:		STATE ZIP
EMAIL ADDRESS (LEAVE BLANK IF YOU DO NOT WANT TO RECEIVE NOTICES BY EMAIL.)			PHONE Number		MOTHER'S MAIDEN NAME OR CODE WORD (REQUIRED FOR PIN)
COUNTY OF RESIDENCE	TEXAS DRIVERS LICENSE NUMBER (OPTIONAL)	PERSONS ALLOWED TO CHECK OUT YOUR RESERVED MATERIAL ON THEIR HCPL CARD			
I agree to sign my library card and accept financial responsibility for all items checked out on my library card.					CHECK HERE
Do not write in shaded area. For staff use.		DATE: _____		BRANCH: _____	
		LIBRARY CARD NUMBER: 2 4 0 2 8 _____		<input type="checkbox"/> Adult <input type="checkbox"/> Child (under 18) DOB _____ <input type="checkbox"/> Other _____	

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