

Harris County Public Library Enhanced+ Card Application

* Indicates Required Information

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* PLEASE USE A 4 DIGIT NUMBER _ _ _ _		DATE OF BIRTH*
GENDER* (CIRCLE) M F X					
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.					
ADDRESS* STREET: _____			CITY* APT: _____		STATE* ZIP*
EMAIL ADDRESS (LEAVE BLANK IF YOU DO NOT WANT TO RECEIVE NOTICES BY EMAIL.)			PHONE Number		PRIVATE CODE WORD* (REQUIRED FOR PIN)
COUNTY OF RESIDENCE*	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"/> 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)	

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