



Library Card Application



Please provide your photo ID and proof of your current address to the Duluth Public Library to complete your registration.

Name on ID: _____
First Middle Last

Preferred Name: _____

Address: _____
Street

City, State, Zip

County: _____ Township: _____
If not St. Louis County. If outside Duluth city limits.

Phone: _____ Alternate Phone: _____

Email: _____

Birthdate: _____
Month/Day/Year

Create a password for your library account: _____
4-14 case sensitive letters, numbers, and/or special characters

How would you like to receive library notifications & due date reminders?

- Email **OR** Phone Call **AND/OR** Text - Carrier: _____
- Receive eReceipts (electronic check out receipts)
 - Email **OR** Text - Carrier: _____
- Maintain My Reading History (List of up to 500 items checked out in the past 5 years.)
- Subscribe to DPL's Event Newsletter Email

Alternate Address: _____
(if applicable) Street
City, State, Zip

By signing this, I understand that it is unlawful not to return materials and I will be held fully responsible for all materials checked out on this card. Parents, not library staff, are responsible for the selections of minors. The library will be scanning or entering your ID number for positive identification purposes.

Signature: _____

Parent/Guardian Signature: _____
If applicant is under 14 years old.

LIBRARY USE ONLY

Application Date: _____

DPL Barcode 21256 _____

ALS Barcode 22510 _____

Compact/Fee Barcode _____

Expiration Date: 1 year 3 years (ALS) Never

Location: Main MTR West

Patron Code: Patron Student Easy Access Compact

Stat Class: DUL ALS Other: _____

Staff Initials: _____