



470 Fifth St  
Hollister, CA 95023  
831-636-4107

Dear Parent/Guardian:

Your child's class/group is visiting the library. By completing the below application to receive a free library card, your child can borrow materials and access homework help tools on the library website ([www.sbcfl.org](http://www.sbcfl.org)) when he/she visits the library.

To apply for a library card, please follow the simple instructions below. **Note: if your child already has a library card, do not fill out the application. Just check the box below and return this paper to your child's teacher.**

- My child already has a library card.**
- My child does not have a library card:
  - Fill out the application completely.
  - Print and sign your name on the first signature line. **Library cards cannot be issued without a parent/guardian's signature.**
  - Provide your child's name, date, and signature on the second signature line.
  - Return the completed application to your child's teacher.

The library is a fun, free, and educational place to visit. We hope to see your child soon!



**SAN BENITO COUNTY FREE LIBRARY**  
**APPLICATION FOR LIBRARY CARD**  
 (PLEASE PRINT LEGIBLY / POR FAVOR ESCRIBA CON LETRA DE MOLDE)

|                                   |                             |   |                           |
|-----------------------------------|-----------------------------|---|---------------------------|
| Last Name / Apellido              | First Name / Nombre         | Date of Birth / Fecha de Nacimiento     | Other Name / Otro Nombre  |
| School / Escuela                  | Gender / Género             | Parent/Guardian Name / Nombre del Padre | (Relationship / Relación) |
| Mailing Address / Domicilio       | City / Ciudad               | State / Estado                          | ZIP / Código Postal       |
| Phone Number / Numero de Teléfono | Other Phone / Otro Teléfono | Email / Correo Electrónico              |                           |

*I agree to obey the rules and regulations of the San Benito County Free Library and to be responsible for all charges incurred for any overdue, lost, or damaged materials. In the event my card is stolen, I understand that I am responsible for all charges on it until the library is notified of its loss or theft.*  
 Estoy de acuerdo en obedecer las reglas de la Biblioteca del Condado San Benito, ser responsable por todos los cargos incurridos de cualquier retraso, materiales perdidos o dañados. En caso mi tarjeta es extraviada o robada, entiendo que soy responsable por todos los cargos acumulados hasta que reporte esta pérdida a la biblioteca

Signature of Parent/Guardian / Firma de Padre of Madre  
*(If applicant is under 18 / Si el solicitante es menor de 18 años)*

Print Name of Parent/Guardian / Nombre en Molde  
*(If applicant is under 18 / Si el solicitante es menor de 18 años)*

Signature of Applicant / Firma de Solicitante

Date / Fecha

**CONFIDENTIAL:** This information is subject to the Public Records Act Exemption Section 625(j)  
**CONFIDENCIAL:** Esta información está sujeta a la ley de registros públicos ley de exención de la sección 625(j).