



INDIANA STATE LIBRARY CARD REGISTRATION

State Form 44689 (R2 / 6-10)

Please type or print clearly.

Name		Date of Birth (month, day, year)	
Address (number and street, city, state and ZIP code)		County	
Telephone number ()	Cell number ()	E-mail address	
Name of School (if applicable)			
State employee ☐ Yes ☐ No		If yes name of agency	
I apply for the right to use the library and agree to comply with all its rules, regulations, policies, procedures, and to give immediate notice of any changes of address.			
Signature		Date of signature (month, day, year)	

FOR LIBRARY USE ONLY

Barcode		Expiration Date (month, day, year)	
Identification (ID) checked:	Driver License	State Identification (ID)	Other
Processed by			



INDIANA STATE LIBRARY CARD REGISTRATION

State Form 44689 (R2 / 6-10)

Please type or print clearly.

Name		Date of Birth (month, day, year)	
Address (number and street, city, state and ZIP code)		County	
Telephone number ()	Cell number ()	E-mail address	
Name of School (if applicable)			
State employee ☐ Yes ☐ No		If yes name of agency	
I apply for the right to use the library and agree to comply with all its rules, regulations, policies, procedures, and to give immediate notice of any changes of address.			
Signature		Date of signature (month, day, year)	

FOR LIBRARY USE ONLY

Barcode		Expiration Date (month, day, year)	
Identification (ID) checked:	Driver License	State Identification (ID)	Other
Processed by			