



# GREATER VICTORIA PUBLIC LIBRARY LIBRARY VISIT CARD APPLICATION FORM

**TEACHERS:** Completed forms must be returned to the Library 7 days prior to your scheduled visit

Name of Student: \_\_\_\_\_

School: \_\_\_\_\_

Phone: \_\_\_\_\_ Teacher: \_\_\_\_\_

Your child's class will be visiting the \_\_\_\_\_ on \_\_\_\_\_

Please return this form to your child's teacher by \_\_\_\_\_

If you wish to let him/her borrow books at the time of the class visit, your child will need to have a Library card.

Note: Library cards are valid at all ten branches of the Greater Victoria Public Library.

My child already has a Library card and will bring it on the day of the visit.

I do not wish to get a Library card for my child at this time.

My child has never had a Library card with the Greater Victoria Public Library and I wish to get one for him/her.

Child's Name: \_\_\_\_\_

LAST

FIRST

MIDDLE

(Full names please – NO initials and NO nicknames)

Street Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Municipality \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_\_ Sex: (M)\_\_\_\_(F) \_\_\_\_\_

Please provide a **Password/PIN** \_\_\_\_\_. If you prefer to be notified by email about holds or overdues on this card, please provide your **Email Address** \_\_\_\_\_.

Parent's/Guardian's \_\_\_\_\_

Name: \_\_\_\_\_

LAST

FIRST

MIDDLE

Parent's/Guardian's \_\_\_\_\_

Signature: \_\_\_\_\_

I agree to be responsible for all materials checked out on this card.

All library users have the right to privacy and any personal information collected, used or disclosed by GVPL is in accordance with the Freedom of Information and Protection of Privacy Act (FOIPPA). Library users may access the GVPL Board's Freedom of Information and Privacy policy at [www.gvpl.ca](http://www.gvpl.ca). If you have any questions regarding your personal information, please contact the GVPL FOI/Privacy Officer.