## Library Card Application

Please print clearly. Proof of address is required at registration for access to all library services.

Name:				
	First		Middle	Last
Gender:	□ Male	E Female		Birth Date: ///
Email:				Phone:
Due	e date reminder, o	verdue and hold pickup em	ail notices will be sent to this address.	
Mailing A	ddress:			
	Street Addres	s or PO Box		Apt. No
	City		State	L
	ue date reminde			and library card eligibility purposes, to send below), information about the Fairfax Library
Act (V organi may w	FOIA) (Virginia ( izations the righ /ithhold your en ould or should r Yes, withholc	Code § 2.2-3700 et.seq.) It to inspect and copy m nail address in accordan not release your email ad I my email address from	gives citizens of the Commonweal any public records held by Fairfax ce with VFOIA if you request that v Idress under VFOIA. responses to VFOIA requests.	The Virginia Freedom of Information th and representatives of certain news County, with some exceptions. The Library ve do so. Please check below to notify us that
	No, do not w	ithhold my email addres	s from responses to VFOIA reques	ts.
Send	I me informatio	n about the Fairfax Lib	rary Foundation.	
unless you box below	u ask us to do so v.	b. If you wish to have you	•	from the library after those items are returned u through your online account, please check th fter they are returned
	-			or additional account rules and responsi-
	efer to the libra		nowed and any rees incurred. It	or additional account rules and responsi-
Seconda	ry Address			
	Street Addre	SS		Apt. No
	City		State	Zip Code + 4
	irfax County Public	1742	x County, Va., publication	To receive this information in alternative formatical call 703-324-8380 or TTY 703-324-8365.
We're everywhe	ere you are 🗸		fairfaxcounty.gov/library	February 20