



Library Services for the Deaf and Hard of Hearing

Service, Education, and Community for Tennesseans

615 Church Street • Nashville, Tennessee 37219
(615) 862-5750 • 800-342-3262 Fax: (615) 862-5494
Website: www.tn deaf library.nashville.gov
Email: dhoh@nashville.gov

ATTACH BARCODE HERE
Date Received (Library Use Only)

Please Print Clearly

Today's Date: _____

First Name _____ Middle _____ Last _____

Guardian _____

Home Address: _____ Apt# _____

City / State / Zip _____ County of Residence _____

Home Mailing Address (if different): _____ City / State / Zip _____

Phone Number 1: () _____ Home Business Cell Mobile -Text only VP

Phone Number 2: () _____ Home Business Cell Mobile -Text only VP

Date of Birth _____

E-mail Address: _____

.....
Name & Address of relative or friend (this address must be different from home address)

Name _____ Phone () _____

Address _____

City / State / Zip _____

.....
Shipping address (where someone is present during the day. Package can not remain outside)

Name / Business _____ Attention: _____

Street _____

City / State / Zip _____ Phone For UPS () _____

.....
Please Read and Sign Below

- This application entitles you to use materials / services at the Library Services for the Deaf & Hard of Hearing only.
- A replacement fee will be charged for any damaged, lost or stolen materials or equipment borrowed.
- The Library reserves the right to refuse further service until account balances are paid.
- Equipment will be loaned to people 18 years of age and older only.
- Please report changes of name and address as soon as possible.
- The information requested on this application will be held in strict confidence.

SIGNATURE

Signature acknowledges library privileges, rules, and fees, and indicates acceptance of library regulations.

X _____

Signature of applicant

GUARDIAN SIGNATURE (Applicant under 18)

Signature acknowledges library privileges, rules, and fees, and indicates acceptance of library regulations. If applicant is under 18, adult guarantor is responsible for all materials borrowed on the card.

X _____

Signature of adult guarantor

Mo Day Year

PRINT name of adult guarantor