



# 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 deaflibrary.nashville.gov](http://www.tn deaflibrary.nashville.gov)  
Email: [dhoh@nashville.gov](mailto: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