

Welcome to Ocean State Libraries!

Library User Responsibilities

I hereby apply for borrowing privileges at all participating OSL libraries. By signing my card, I agree to comply with the policies of each member library with which I do business. By becoming an OSL library cardholder, I accept the following responsibilities:

- All library materials checked out on my card are my sole responsibility.
- I will return all borrowed items by the due date or pay overdue charges.
- I will pay replacement and processing costs assessed for lost, unreturned, or damaged materials.
- I will not lend my card to others.
- I will promptly report any change in my address or contact information.
- I will promptly report if my card is lost or stolen.
- If signing a library card application for a juvenile, I accept responsibility for fines and charges on said child's card and acknowledge that it is my responsibility, not the library's, to monitor and approve my child's choice of library materials and/or other information resources.
- I understand that failure to act responsibly may result in suspension of my library borrowing and use privileges, and that failure to pay library fines or return library materials may result in legal action.

Email Notifications: If you elected to receive email notifications for your hold or overdue notices, please make sure they do not go into your spam folder! Add notices@rilibrary.org to the white list and/or contact list in your email account.

SMS Text Notifications: To also receive library notifications by text messages, text **SIGNUP** to **401-298-2013**. For more information on this service, please visit: <http://oslri.org/text-alerts>



OCEAN STATE — LIBRARIES —

PLEASE PRINT CLEARLY

Borrower # _____

LIBRARY CARD School Visit APPLICATION

ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL

Child's Name _____
First Name Middle Initial Last Name Suffix

Legal Name (if different from above) _____

Street Address _____

City _____ State _____ Zip _____

Adult Phone _____ - _____ - _____ Alternate Phone _____ - _____ - _____

Child's Date of Birth _____ / _____ / _____ Preferred Language English _____ Prefer Not to Say ___ Other _____
month day year

Adult's Email (may list more than one) _____

I prefer to receive library notices by e-mail _____ phone _____ I would like to receive my library's e-newsletter _____

Mailing Address (if different from street address) or Alternate Address (if applicable)

City _____ State _____ Zip _____

I AGREE TO ABIDE BY STATE LIBRARY LAWS AND LOCAL LIBRARY REGULATIONS AND UNDERSTAND THAT I AM RESPONSIBLE FOR ALL MATERIALS BORROWED WITH MY CARD.

Adult/Guardian SIGNATURE _____ Date _____

Adult/Guardian Name **PLEASE PRINT** _____

↓↓ **For Library Use Only** ↓↓

New Card Replacement Card (\$1.00 fee) Renewal Barcode _____

ID Presented _____ Registered by _____ Date _____