

Powell River Public Library

Student Library Card Application

Parents/Guardians, by filling out this form you are giving permission for the Library to create a library card for your student.

Please Print Clearly

This form is for (Please check the correct box):

New card

Lost card

Student's full name: _____

Residential address (postal code included): _____

Mailing address (if different from residential): _____

Primary phone number: _____

Email address: _____

Parent/Guardian name (printed): _____