



Library Card Application

Please provide your photo ID and proof of your current address to the Duluth Public Library to complete your registration.



Name: _____
First Middle Last

Address: _____
Street

City, State, Zip

County: _____ Township: _____
If not St. Louis County. If outside Duluth city limits.

Phone: _____ Alternate Phone: _____

Email: _____

Birthdate: _____
Month/Day/Year

Create a password for your library account: _____
4-14 case sensitive letters and/or numbers.
No special characters.

Library Notifications & Due Date Reminders

Email **OR** Phone **AND/OR** Text - Carrier: _____

Receive eReceipts (electronic check out receipts)
 Email **OR** Text - Carrier: _____

Maintain My Reading History
List of up to 500 items checked out in the past 5 years.

Subscribe to DPL's Event Newsletter Email

Alternate Address: _____
Street

City, State, Zip

By signing this, I understand that it is unlawful not to return materials and I will be held fully responsible for all materials checked out on this card. Parents, not library staff, are responsible for the selections of minors. The library will be scanning or entering your ID number for positive identification purposes.

Signature: _____

Parent/Guardian Signature: _____
If applicant is under 14 years old.

LIBRARY USE ONLY Barcode: _____

Application Date: _____

Expiration Date: 1 year 3 years Other: _____

Location: Main MTR West

Patron Code: Patron Student Temp Compact
Other: _____

Stat Class: DUL ALS Temp Other: _____

Staff Initials: _____