

**Fact Sheet Regarding Library Cards and Library Notifications
Confidentiality Statement**

In accordance with Florida Statutes, Section 257.261, the St. Johns County Public Library System affirms that all information relating to library patrons is confidential and may not be released, except as noted below. Even in regard to court proceedings or potential court proceedings, library staff will respond to requests for such information only after a subpoena has been served.

- Notifications by email are addressed to the patron for whom the item(s) are being held or that are overdue and are intended to be read ONLY by the person to whom they are addressed. The email does list the title(s) of the materials being held or that are overdue and the library pickup location.
- Patrons may call their local branch or check online at www.sjcpls.org for information regarding their account. In affirmation of the above mentioned statute, library staff may reveal the titles ONLY to the patron for whom the items are being held or that are overdue, so please understand that if anyone other than the patron for whom the items are being held or that are overdue calls the library, staff cannot provide this information.
- Pursuant to Section 257.261(3)(b), Florida Statutes, patron information may be released to a third party collection agency for the purpose of collecting fines or recovering overdue books, documents, films, or other items or materials owned or otherwise belonging to the library. For patrons under the age of 16, only information identifying the patron's parent or guardian shall be released.

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St. Johns County Public Library Card Registration Form

PLEASE PRINT

Last Name _____ First Name _____ MI _____

Mailing Address _____ Apt/Lot# _____

City _____ State _____ ZIP _____ County _____

Local Phone# _____ Cell Phone# _____

E-mail address _____ Date of Birth _____

Home Address (If Different) _____ Apt/Lot# _____

City _____ State _____ ZIP _____

Age Group (please circle) 0-10 11-17 18-54 55-64 65+ Male Female

Names of people who may pick up my holds: _____

Would you like a Voter's Registration Form? ____yes ____no (16 years or older)

Would you like to receive our monthly email newsletter? ____yes ____no

By signing my library card or my dependent(s) cards, I assume financial and selection responsibilities for the materials borrowed on this card and agree to follow the rules of the St Johns County Public Library System. The St. Johns Public Library System affirms the right and responsibility of parents, guardians, and caregivers to supervise their children's access to/use of the Internet and all the library's resources.

Cardholder /Parent or Guardian Signature: _____

To be filled out by Staff:

I.D. Verified: yes **PATRON TYPE:** R 1YNR 6MNR 3MNR 1MNR NR F LEO XU INS

Free Status verified: yes **If patron type is F, circle one:** Bus Owner Cnty Emp Mil Recp Cty Student

Patron Barcode _____ PIN # _____ Date _____ Staff Initials: _____