Community Card Application
Dalton State College
Derrell C. Roberts Library

Name: _____
Last First Middle

Address: _____

_____
City State Zip Code

GA. Driver's License # _____ (required)

Home telephone #_____ Work telephone # _____

Are you a high school student? ____ yes _____ no

If yes, what high school do you attend? _____

Are you a student at a school other than Dalton State College?___yes ___ no

If yes, what school? _____

I, the undersigned, agree to the rules and regulations for community patrons of the Dalton State College Derrell C. Roberts Library. I agree to be responsible for all lost and damaged materials circulated on my card as well as any fines incurred (late fees are .25¢ per book per day to a maximum of $5.00 per book) I also agree to give immediate notice of my change of address or the loss of my card. I understand that only I may use this card and that I will be required to present my driver's license or other legal form of identification upon request.

_____ _____
Signature Date