QCPL Registration Form
Please write in print

Name:_____
Last First Middle Initial

Date of Birth:_____ Citizenship:_____

Assigned sex at birth:
☐ Male
☐ Female
☐ Intersex
☐ Prefer not to say

Category: (Choose one)
☐ Preschool
☐ Elementary
☐ Junior High School
☐ Senior High School
☐ College
☐ Post-graduate
☐ Professional
☐ Senior Citizen
☐ PWD
☐ Out-of-School Youth
☐ Labor Force/ Skilled Manpower

Do you identify as part of LGBTQIA+?
☐ Yes ☐ No ☐ Prefer not to say

Address:_____

Contact No.:_____ Email Address:_____

School/Office:_____

For minors (17 years old & below)

Guardian's Name:_____

Relationship to the Applicant:_____

Address:_____

Contact No.:_____

Waiver of Confidentiality

By accomplishing this form, I agree that my personal data will be used to process my application for identification purposes in case of emergency and for demographics presentation.

_____
Signature of Applicant

Please present a valid ID upon submitting this form

To be filled by QCPL staff

Date of Application:_____

Library Pass/Card No.:_____ Processed by:_____