

APPENDIX 4: USER PROFILE GUIDELINES (updated 1/17/2014)

USER PROFILE DESCRIPTION	PROFILE NAME	DIRECT ACCESS	MAX OUT	MAX HOLDS	CARD FEE AND/OR DEPOSIT	PROOF OF ID	EXPIRATION	DESCRIPTION
	"XXX" is library code							
Adult Resident	XXXADULT	Yes	50	15	No	DMV ID OR photo ID with service area address OR photo and other document with service area address	Two Years (option)	Resident of service area, 18 and over; resident college students
Juvenile Resident	XXXYOUTH	Yes	50	15	No	Resident parent/guardian consent or local school enrollment	Two Years (option)	Resident of service area, under 18
Non-Resident Supporter	XXXNONRES	Yes	50	15	No	Tax bills or utility bills of owned property	Two Years (option)	2nd home owners; business owners, landowners
Pay	XXXPAYCARD	Yes	50	15	Yes (= per capita)	DMV ID OR photo ID with non-RCLS address OR photo and other document with non-RCLS address	One Year	Non-RCLS residents (not students or employees)
Multi-Year Temporary	XXXREPTEMP	No	16	1	Possible	?	Two Years (option)	Non-resident college students, employees of local businesses, repeat
Temporary	XXXTEMP	No	10	1	Possible	?	One Year	Seasonal rental (over 4 weeks)
Local Limited	XXXLOCAL	No	50	5	No	Local policy	Two Years (option)	Local residents without adequate ID
Visitor	XXXVISITOR	No	1	0	Possible	Local policy	3 months	vacationers (4 weeks or less); family visitors; indefinite residents; Central
Visitor-No Circ	XXXNOCIRC	No	0	0	Possible	Local policy	3 months	vacationers (4 weeks or less); family visitors; indefinite residents
Ulster Courtesy	XXXULSTER	No (Ulster only)	10	0	No	DMV ID OR photo ID with non-RCLS address OR photo and other document with non-RCLS address	Two Years (option)	Non-RCLS Ulster residents
Teacher	XXXTEACHER	No	50	15	No	?	One Year	FT Teacher/admin at school in service area
Library - Internal Use	XXXLIBRARY	Yes	50	99	No	n/a	None	Generic borrower record for internal use by library staff
Library Staff	XXXSTAFF	Yes	50	30	No	Confirmed annually by employing library	Two Years (option)	Paid (FT or PT) library staff
Organization	XXXORGAN	Yes	50	15	No	Written approval from organization CEO/Director	Two Years (option)	Organization--business; non-profit
Outreach Individual	XXXOUTREA	Yes	50	15	No	DMV ID OR photo ID with service area address OR photo and other document with service area address AND affidavit	Two Years (option)	Homebound; individual group home employees
Outreach Agency	XXXAGENCY	Yes	150	99	No	Written approval from organization CEO/Director	Two Years (option)	Group Home representative (nursing homes, Adult care, group homes)