Application for Library Card Note: All borrower information is confidential.



1. Applicant Information

If applicant is a minor child or a legally dependent adult, please see the reverse side of this form to complete additional parent / legal guardian information.

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Name:				Driver's License #:	
Address: _	Last	First	Middle	Phone #: Cell Land Line	
	Number	Street	Apt #		
_	City		ZIP	Alt Phone #: □ Cell □ Land Line (check one)	
Email:				Cell Phone Carrier: ☐ AT&T ☐ Sprint ☐ Verizon ☐ T-Mobile	
I reside in and / or pay taxes to: (check one)				□ other:	
☐ Manchester Village ☐ Manchester Township ☐ Bridgewater Township				Date of Birth:	
☐ Freedom Township ☐ other:				\square Please mark here if the applicant is under 18.	
2. Library Notification				3. Personal Identification Number (PIN)	
Our library software automatically sends hold and overdue notices by				You can access your library account, renew books, and place holds using the online catalog. You can also use your library card to log on to the library's public computers. For online account access or to sign on to a library computer, you will	
phone, email, or text. Which would you prefer? (check one)					
☐ Phone ☐ Email ☐ Text Message					
For notification by phone, please circle the phone number that you would like us to use.				need a four-digit PIN.	
				Please make my PIN:	
4. State	ment of Responsi	ibility			
-			accept responsibility for those		
materials borrowed on the library card issued from this application. Responsibility for the choice of materials borrowed rests with the person(s) whose signature appears on the line below and not with the library system or its staff.				STAFF USE ONLY	
				Registration Date: Staff Initials:	
				LIB CARD #: 28045000	
Applicant Signature (If applicant is a minor child or legally a legally dependent adult, please complete and sign parent/legal guardian form on reverse)				Verified ☐ Imported to SAM ☐ Patron Type: G B L N	
				Non-Res Fee Paid (if applicable) ☐ Receipt #:	

If applicant is a minor child or a legally dependent adult, please read and complete the sections below. Driver's License #: Name of parent / legal guardian: Address: (If different than applicant) Number Street Apt # City ZIP I reside in and / or pay taxes to: (check one if different from applicant) □ other: ☐ Bridgewater Township ☐ Freedom Township ☐ Manchester Village ☐ Manchester Township **Disclosure** Under Michigan Public Act 188 of 1996, library records may be disclosed upon the consent of the person who is liable for payment for or return of the materials identified in that library record. Where the applicant is under 18 or otherwise legally dependent, the library records under a card issued to that applicant can be released upon written consent of the parent or legal guardian who signed the Application for Library Card. Release of Minor Child's Library Records Under Section 3 of the Michigan Library Privacy Act, M.C.L. 397.603, a library shall not release or disclose a library record or portion of a library record to a person without the written consent of the person liable for payment for or return of the materials identified in the library record. Only the parent or legal guardian who has certified, under Section 4 of the Application for Library Card (reverse), that s/he has accepted responsibility for the materials borrowed on a card, may authorize disclosure of the library records relating to that card. Name of dependent applicant: I hereby declare that: 1. I am the parent / legal guardian (circle one) of the above-named dependent application; and 2. I certified on the Application for Library Card in the name of the above-named dependent applicant that I would accept full responsibility for materials borrowed on the card issued to that person; and 3. I give consent for the release of the applicant's library records to: ______ (name of third party, if other than name provided above) Signature: _____ Date: _____

Witness:

(to be signed by Library Employee)