

BARCODE	DOB	INITIALS

APPLICATION FOR BORROWER'S CARD – MINOR ROMULUS PUBLIC LIBRARY

(please print – information will be confidential)

1

Applicant Information

Full Name: _____ / M / F
Last First M.I. Circle one

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date of Birth: _____ Parent/legal guardian driver's license/state ID number _____

Notification Preference: ☐ Phone ☐ Email I'd like to receive the e-newsletter: ☐ Yes!

2 Name of Parent / Legal Guardian (Valid ID with name and current address required)

Full Name: _____ Relationship: _____

Address (If different than applicant's): _____
Street Address Apartment/Unit #

City State ZIP Code

3

Consent for Account Access (optional)

I consent that the following individuals have the ability to pay fees and/or pick up held items on this account with proper identification. I can change or void this list at any time by presenting identification to the library and requesting that individuals be removed or added to the list. I understand that such change requests must be made in person.

4

Disclosure and Signature

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 incompetent, 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 Borrower's Card.

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 that library record.

By signing this form, I agree to be responsible for all use of this card, will observe and comply with all Library rules and policies, and notify the Library promptly of change of address or loss of this Library card. I expressly agree to pay all fines and charges assessed on this card and all fees, costs, and expenses incurred by the Library in collection of such fines and charges.

Signature of applicant: _____ Date: _____

Signature of parent/legal guardian: _____ Date: _____