

BAY COUNTY LIBRARY SYSTEM

Library Card Application

The information on this form is being compiled for library use only and will not be used for any other purpose.
Valid identification will be required when card is issued.

Applicant Information - Please Print Clearly

Last Name _____

First Name _____ Middle Initial _____

Street Address _____ Apartment Number _____

City _____ County _____ State _____

Township _____ Zip Code _____

Telephone Number _____ Is this a cell phone # Yes No

Date of Birth (m/d/y) _____

Driver's License/Michigan Identification Number _____

Please choose a four digit PIN# (ex. last 4 digits of phone # could be used) _____

Your e-mail address: _____

Yes! Please send me the Library Tidings Newsletter via: _____ Email _____ Mail _____ Do Not Send

I agree to be responsible for all materials checked out on my library card and for all accumulated fines and fees. I understand that if I do not comply with library return policies, my record may be sent to a collection agency.

Signature of Applicant _____ Date Signed _____

If applicant is under 18 years of age, please turn to reverse side of form and complete

Optional Information. Gender: Female Male

Do Not Write Below This Line - Library Use Only

P-Type _____ Barcode _____

P-Stats _____

Age _____ Gender _____ Staff Initials _____

Parent/Legal Guardian Information - needed if applicant is under 18 years of age.

Last Name _____

First Name _____ Middle Initial _____

Street Address _____ Apartment # _____

City _____ County _____ State _____ Zip _____

Telephone Number _____ Is this a cell phone # Yes No

Driver's License/Michigan Identification Number _____

I certify that the above information is correct. I accept responsibility for materials borrowed on the library card issued from this application, including all accumulated fines and fees. I understand that failure to comply with library return policies may result in this record being sent to a collection agency.

Responsibility for the choice of materials borrowed rests with the person/s whose signature/s appear on the line below and not with the library system or its staff.

Signature of parent/guardian _____ Date _____

Please print name _____

Parent/Legal Guardian: If applicant is under 18 years of age or legally incompetent, please read and complete the sections below, in addition to filling out the information above.

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 years of age 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 Bay County Library System Library Card Application.

Release of Minor Child's Library Records

Under Section 3 of the Michigan Library Privacy Act, M.C.L. 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. Only the parent or legal guardian who has certified, by signature, that he or she has accepted responsibility for the materials borrowed on a card, may authorize disclosure of the library records relating to that card.

Name of Minor Child (please print) _____

I hereby declare that:

- (1) I am the mother/father/legal guardian (circle one) of the above-named minor child and
- (2) I certified on the Bay County Library System Library Card Application in the name of the minor child named above that I would accept full responsibility for materials borrowed on the card issued to that child
- (3) I give consent for the release of the child's library records to the people listed below:

Please print names (write *self* if the records are to be released to you)

Signature _____ Date _____