

Library Card Application

APPLICANT INFORMATION

NAME _____
LAST FIRST MI

STREET ADDRESS _____ APT # _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

PHONE (_____) _____ EMAIL _____

DATE OF BIRTH / ____ / ____ GENDER (optional) M F

Send News and Events Updates _____ Email _____

Receive notices via (choose one) Text _____ Email _____

DRIVER'S LICENSE/MICHIGAN ID NUMBER _____

Please choose a four-digit PIN _____

Signature _____

Date: _____

Cardholders are responsible for all materials borrowed on their BCLS Card.

Office use only:

Self-registered card

BType: Do not change
 BL Temporary Self Registration for statistics

Location code

Change Location BWP to _____ Branch
 Email BWP info to Janice @ ALWPL for update

Merging records

Merge patron cards if using apps overdrive/Libby

Old card _____ with

New card _____

Email Cassandra information crace@baycountylibrary.org

PARENT/LEGAL GUARDIAN INFORMATION (required for applicants under age 18)

NAME _____
LAST FIRST MI

STREET ADDRESS _____ APT # _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

PHONE (_____) _____

DRIVER'S LICENSE/MICHIGAN ID NUMBER _____

Signature of parent/guardian _____ Date: _____

Please print name _____

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: _____