



# 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

#### Location code

Change Location BWP to \_\_\_\_\_ Branch

Email BWP info to Janice for update: [jsass@baycountylibrary.org](mailto:jsass@baycountylibrary.org)

#### Merging records

Merge patron cards if using apps Overdrive/Libby

Old card \_\_\_\_\_ with

New card \_\_\_\_\_

Email Cassandra the information: [crace@baycountylibrary.org](mailto: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: \_\_\_\_\_