

Library Card Application

NAME _____
LAST FIRST MI

STREET ADDRESS _____ APT/Lot # _____

CITY _____ TOWNSHIP _____ COUNTY _____ STATE _____ ZIP _____

PHONE () _____ EMAIL _____

DATE OF BIRTH ____/____/____

Receive account notifications via (choose one) Text____ Email____

Do you want to receive BCLS News & Events via email? Yes____ No____

Please choose a four-digit PIN ____ ____ ____ ____

Cardholder's Signature _____ Date _____

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

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

NAME _____
LAST FIRST MI

STREET ADDRESS _____ APT # _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

PHONE () _____

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) **Guardian 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)

Guardian Signature _____ Date: _____