



LIBRARY CARD APPLICATION

Please fill out, print, sign, and bring in to any Dearborn Public Library location

<i>Library use only</i>	Barcode
Resident 1 _____	
TLN 5 _____	

PLEASE PRINT: (Information Will Be Confidential and is for Library Use Only)

Library Card for	_____	_____	_____	
	Last	First	Middle Initial	
Mailing Address	_____	_____	_____	_____
	Number/Street	Apt./Suite	City	State Zip
Home Address <i>(if different than mailing)</i>	_____	_____	_____	_____
	Number/Street	Apt./Suite	City	State Zip
Email Address	_____			<input type="checkbox"/> Send Email Notifications
Preferred Phone	(_____) _____	Other Phone	(_____) _____	
	Area Code <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Area Code <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
	<input type="checkbox"/> Send Text Notifications			
Date of Birth	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	PIN	____
	mm/dd/yyyy		Suggested Youth: Birthday mm/dd	
			Adult: Last 4 digits of phone	
Driver's License # / State ID (if applicable)	_____		Social Security #	____
			<i>(Optional)</i> Last 4 digits only	

I, the responsible party (applicant or legal guardian), certify that the above information is correct. I will accept responsibility for all materials borrowed on this library card and for any charges that may accrue. I agree to abide by the rules and policies of the Dearborn Public Library. *I understand that access to any material or service is not restricted by age.*

Cardholder Signature: _____
Signature

(If cardholder is under 18, sign here and COMPLETE OTHER SIDE)

Parent/Legal Guardian Signature: _____
Signature

FOR LIBRARY USE ONLY

<u>(BType) Borrower Loan Type</u>	
_____ PNP (not paid)	_____ SPecial
_____ NR (paid)	_____ HBound
_____ TLN	_____ STaff

<u>Stat Class #1</u>
M _____
F _____

<u>Stat Class #2</u>	
_____ RESident	_____ NRPaid
_____ NRStudent	_____ NRFamily
_____ NREmployee	_____ NRTaxpayer
_____ NRHeights	_____ NRCcompliment
_____ TLN Borrower	
Registered by _____	
Date _____	

PARENT/LEGAL GUARDIAN FOR APPLICANTS UNDER 18

Release of Minor Child's Library Record

Public Act 188 of 1996 was signed into law to amend the Michigan Library Privacy Act. This Act allows the library to release library records of minor children, if we have received the written consent of the person or persons liable for any charges and for return of the child's library materials.

What this means to a Parent or Guardian:

When you ask to check your child's record, the library will require a picture ID for identification. If your request is by telephone, you will need to know the child's library card number and other identifying information.

Name of minor child:

Last First Middle Initial

Child's date of birth:
mm/dd/yyyy

I hereby declare that:

1. I am the Mother Father Legal Guardian of the above named child; and
2. I accept full responsibility for return of library materials checked out by the above-named child, as well as liability for payment for the child's overdue fines and damaged or lost materials; and
3. I give additional consent to:

- 1) Relation to minor:
- 2) Relation to minor:

Print/type name: **Date:**
mm/dd/yyyy

Witness

Signature: _____ **Date:** _____
Library employee mm/dd/yyyy