



WIXOM PUBLIC LIBRARY

Library Card Application

PLEASE PRINT NEATLY AND FILL OUT FORM COMPLETELY

Name: _____
First Middle Last

Birthdate: ____ / ____ / ____ Gender: M / F
Month Day Year (circle one)

Address: _____
Street Address Apartment #

City State Zip Code

Phone: (____) _____

Email: _____

(email will be used to send reminder notices 2 days prior to due date and for the Library's eNewsletter)

BORROWER'S RESPONSIBILITY *(If borrower is under 18, the parent/legal guardian is required fill out the parent/guardian agreement on the back.)*

- I certify that the information on this form is correct.
- I accept responsibility for materials borrowed on the library card issued from this application including all fines and damages charged.
- Responsibility for the choice of materials borrowed rests with the person whose signature appears below and not with the library system or its staff.

Signature: _____ Date: _____

STAFF ONLY

Drivers License Number: _____ Barcode: _____

Authorized by: _____

PARENT/LEGAL GUARDIAN AGREEMENT

Name: _____
First Middle Last

Address (if different than applicant's):

Street Address Apartment #

City State Zip Code

Phone: (_____) _____

Release of Minor Child's Library Records

Under section 3 of the Michigan Library Privacy Act, M.C.L. 397.603, a library shall not release or disclose a library record or portion of a library record 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 below 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.

In addition to myself, I give consent for the release of the child's records to:

Name Relationship to Minor

As the parent or legal guardian of this borrower under the age of 18:

- I certify that the information on this form is correct.
- I accept responsibility for materials borrowed on the library card issued from this application including all fines and damages charged.
- I understand that my child has full access to library materials, programs and services.

Signature: _____ Date: _____

Witness: _____
(Library Employee Signature)