



WIXOM PUBLIC LIBRARY

Digital Library Card Application

Email completed application to wixom@wixomlibrary.org.

Digital cards will be issued with an expiration date 3 months from date of issue. The applicant will need to visit the Library in person with ID and proof of residency once the Library reopens. If applicant is under 18, the completed application should be emailed by the parent or legal guardian.

Name: _____
First Middle Last

Birthdate: ____ / ____ / ____
Month Day Year

Address: _____
Street Address Apartment #

City State Zip Code

Phone: (____) _____

Email: _____

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

Barcode: _____

PARENT/LEGAL GUARDIAN AGREEMENT

The parent or legal guardian will need to visit the Library once reopened to complete the required signatures for full Library card privileges.

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)