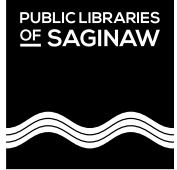


# Library Card Application and Release of Minor Child's Library Records



## Applicant Information (Please Print)

E-Mail Address  Yes, I would like to receive library information and the library eNewsletter.

Last Name First Name Middle Initial

Address Apartment #

City State Zip

County Township

Driver's License, Michigan I.D., or Passport #

School Name (If Applicable)

Home Phone (With Area Code) Cell Phone (With Area Code)

### Receive Notices By:

- Text
- Email
- Mail

Birth Date (Month/Day/Year) Gender (Optional):  Male  Female

Parent/Guardian Name (If Under 18)

## Release of Minor Child's Library Records

Under Section 3 of the Michigan Library Privacy Act, MLC 397.601 et seq., a library may not release a minor child's library records unless the parent or legal guardian of the minor child completes and signs this form.

Name of Minor Child

I hereby declare that:

1. I am the mother/father/legal guardian (circle one) of the above named minor 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 consent for the releaser of the child's library records to:

Name of Third Party (If the records are to be released to the signing parent or guardian only, write "self.")

Signature

Date (Month/Day/Year)