

Trenton Veterans Memorial Library
LIBRARY CARD APPLICATION
(please print - information will be confidential)

Applicant's Legal Name _____, **M / F** _____

Last *First*

Address _____

Number *Street* *Apt. #*

City *Zip code* *Phone*

Birthdate: Month ____ Day ____ Year ____ City/Township to which property tax is paid _____

***ATTENTION: When a minor has a library card, he or she will be able to access the library's filtered Youth Public Computers.**

If applicant is under 18 years of age or legally incompetent, please read and complete the reverse.

If applicant resides outside The Library Network community, please complete this section.

Business/school name _____

Business/school temporary address _____

street *apt/suit*

City *zip code* *phone*

Temporary address valid from: Month ____ to ____ City/Township to which property tax is paid _____

E-Mail Address _____

Statement of Responsibility

If applicant is under 18 years of age or legally incompetent, please complete section b, otherwise complete section a.

a. I certify that the information on this form is correct. I accept responsibility for those materials borrowed ON the library card issued from this application. Responsibility for the choice of materials borrowed rests with the person(s) whose signature(s) appear on the line below and not with the library system or its staff.

Applicant's legal signature

b. I certify that the information on this form is correct. I accept responsibility for those materials borrowed on the library card issued from this application before the applicant turns 18 years of age or otherwise becomes legally competent. Responsibility for the choice of materials rests with the person(s) whose signature(s) appear on the line below and not with the library system or its staff.

Parent / Legal Guardian's signature

DO NOT WRITE BELOW THIS SECTION

Registration Date: _____ Expiration Date: Month ____ Day ____ Expiration Year ____

Patron Class:

- 1. _ (General User Low 3 year)
- 2. _ (Library Staff)
- 3. _ (Non-resident User Low)
- 4. _ (Temporary)

Verification:

- a. ___ Valid MI Driver's license# _____
- b. ___ MI State ID Card
- b. ___ Property Tax Breakdown Sheet
- c. ___ Mortgage Statement with Name and Address
- d. ___ Rental Agreement with Name and Address
- e. ___ Paystub with Name and Address of Workplace

Authorized by: _____

If applicant is under 18 years of age or legally Incompetent, please read and complete the sections below.

Name of parent / legal guardian _____ / M / F

Address if different than applicant's _____

City / Township to which property tax is paid: _____

Disclosure:

Under Michigan Public Act 188 of 1996, library records may be disclosed upon the consent of the person who is liable for payment for or return of the materials identified in that library record. Where the applicant is under 18 or otherwise legally incompetent, the library records under a card issued to that applicant can be released upon written consent of the parent or legal guardian who signed the Application for Borrower's Card.

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 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, under Section 5.b. of the Application for Borrower's Card (reverse), 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 _____

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 Application for Borrower's Card 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) I give consent for the release of the child's library records to _____
(name of third party - write "self" if the records are to be released to you).
- (4) I acknowledge and give consent for the minor child named above to have access to a filtered Public Youth Computer upon registering for a library card.

Signature _____ Date _____

Witness _____
(Library Employee Signature)