

**ROSEVILLE PUBLIC LIBRARY
LIBRARY CARD APPLICATION**

DATE: _____

Card #: _____

Staff Initials: _____

First Name: _____ Middle Name: _____

Last Name: _____

Adults DL# or State ID#: _____

Pin #: _____ Birth Date: _____

Gender: M F Phone #: _____

Apt. or Lot #: _____

Address: _____

City or Township: _____

Zip Code: _____ Email Address: _____

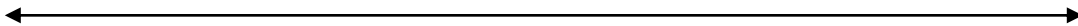
Mobile Phone # for Text Notification: _____

(Your phone service may charge for these messages)

For Adults:

"I hereby apply for a library card and agree to abide by the rules and regulations of the library, return materials in good condition, pay all bills charged to my card, and to give immediate notice of a lost or stolen card or change of contact information. If one family member's card is blocked due to bills, other family members may not be able to use their library cards until the bills are paid in full."

Signature: _____



For Children (ages 17 and younger):

Parent or Legal Guardian's Name: _____

Parent or Legal Guardian's DL# or State ID#: _____

Parent or Legal Guardian's Birth Date: _____

"When I write my name on this form, I promise to take good care of library materials and follow the rules of the library. My parent or legal guardian is responsible for all materials checked out on my card until I am 18 years old. When I am 18 years old, I will be responsible for any materials checked out on my card and unpaid bills for materials checked out when I was a minor." By giving me access to my library card number and PIN, my parent or legal guardian is allowing me to access the Internet in the library."

Signature (minor): _____

Signature (parent): _____

[Under Section 3 of the Michigan Library Privacy Act, MLC 397-601 et seq., a library may not release a minor's library records unless the parent or legal guardian of the minor completes and signs this form.]