

ROSEVILLE PUBLIC LIBRARY
LIBRARY CARD APPLICATION – Minors under 18
(TO BE COMPLETED BY A PARENT OR LEGAL GUARDIAN)

DATE: _____

CARD #: _____

STAFF INITIALS: _____

Minor child's Information:

First Name: _____ Middle Name: _____

Last Name: _____

Pin #: _____ Birth Date: _____

Apt. or Lot #: _____ Phone #: _____

Address: _____

City or Township: _____ Zip Code: _____

Email Address: _____

Notifications regarding my child's account should be sent via: EMAIL TEXT

(Phone/Email if different from above: _____)

The library has permission to send emails regarding upcoming library programs and events: YES NO

**As Parent/Legal Guardian, I authorize _____ to discuss this account on my behalf.
The authorized user listed above has permission to pick up my child's library materials when I am unable to do so.**

For the Parent/Legal Guardian:

By signing this application, I hereby acknowledge that **I am the parent or legal guardian** of the minor child named above and agree to be held responsible for this account until the minor turns 18 years of age. I agree to return materials in good condition, pay any/all fees billed to the minor's library card, and to give immediate notice of a lost or stolen card or change of contact information. I understand that the library may use a collection agency to assist with outstanding accounts. By providing a PIN, I am permitting the minor child to have unfiltered internet access and agree to monitor the minor's internet activity while in the library. I accept full responsibility for this library card and agree to abide by the rules and regulations of the library. Library cards are non-transferable.

Name (Printed): _____ **Date of Birth:** _____

DL/State ID: _____ **Signature:** _____