



BORROWER'S CARD APPLICATION
Information is confidential and is for library use only
*Please fill out, print, sign, and bring in to any
 Dearborn Public Library branch*

Name

Last First Middle Initial

Mailing Address

Number/Street Apt./Suite City State Zip

Home Address (if different than mailing)

Number/Street Apt./Suite City State Zip

E-mail Address:

Note: E-mail addresses are kept confidential and are for library use only

I do not have an e-mail address

Preferred

Phone # ()
 Area Code Cell Home Work

Other

Phone # ()
 Area Code Cell Home Work

Date of Birth

Male Female
 mm/dd/yyyy

* Please note: if you are filling out this form for someone under 18 you must fill out page 2

PIN

(Suggested: Last 4 digits of preferred phone number)

Driver's License #

Last 4 Digits of Social Security #

I certify that the above information is correct. I will accept responsibility for all materials borrowed on this library card as well as for all fines and reinstatement charges which may accrue against me. I agree to abide by the rules and policies of the Dearborn Public Library.

Signature

PARENT/LEGAL GUARDIAN FOR APPLICANTS UNDER 18

Release of Minor Child's Library Record

Public Act 188 of 1996 was signed into law to amend the Michigan Library Privacy Act. This Act allows the library to release library records of minor children, if we have received the written consent of the person or persons liable for any charges and for return of the child's library materials.

What this means to a Parent or Guardian:

- When you ask to check your child's record, the library will require a picture ID for identification. If your request is by telephone, you will need to know the child's library card number and other identifying information.

Name of minor child:

Last

First

Middle Initial

Child's birthdate:

I hereby declare that:

1. I am the Mother Father Legal Guardian
of the above named 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 release of the of the child's library records to:

1) , 2)

(write "self" if the records are to be released to the signing parent or guardian)

Signature: _____ Date: _____

Type name:

Witness: _____ Date: _____

Library employee