

**SECTION I**

**Cardholder's Information (To be completed by the applicant or their parent/guardian)**

*For a minor, please fill out form on back also.*

Cardholder's Name: \_\_\_\_\_  
 Last First Middle

Home Address: \_\_\_\_\_  
 Number and Street Apt./Lot Number

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ PIN: \_\_\_\_\_  
 (Choose 4 numbers to use to access your library acct online)

Date of Birth: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_  
 Month Day Year

**NOTIFICATION METHOD**

For Requested Items: (check one) E-mail:  OR Phone:

E-mail Address: \_\_\_\_\_  
 If you would like to know of upcoming due dates or overdue items, please supply your e-mail address.

**Applicant Identification:** \_\_\_\_\_ **Applicant Signature:** \_\_\_\_\_  
 (Driver's License/State I.D./Social Security Number)

***By signing this document, I accept full responsibility for all fines incurred, and for lost or damaged materials borrowed on this card.***

**Privacy Act Notice:** Your Social Security number would be used only if items checked out from the Library became seriously overdue. The Library then may choose to disclose this information to a collection agency for the purpose of taking action to recover the unreturned items.

**SECTION II**

**To be completed by a non-resident applicant who is employed in Ypsilanti City/Township or Superior Township**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**\*\*Staff Use Only Below This Line\*\***

Statistical Class of Cardholder

<input type="checkbox"/> Ypsi City/Township	<input type="checkbox"/> Superior Township	<input type="checkbox"/> Works in District	<input type="checkbox"/> Property Owner	<input type="checkbox"/> Lincoln Employee
<input type="checkbox"/> Paid Fee	<input type="checkbox"/> Library Network	<input type="checkbox"/> EMU Student	<input type="checkbox"/> Belleville	<input type="checkbox"/>

Ypsilanti City      Ypsilanti Township (Two-year expiration)      Superior Township      Belleville (One-year expiration)      Other (One-year expiration)

Barcode: \_\_\_\_\_



Today's Date: \_\_\_\_\_

SECTION III

**To be completed by the parent/guardian for a minor (under 18)**

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 release of the child's library records to

\_\_\_\_\_  
(name of third party—write "self" if the records are to be released to the signing parent or guardian)

**\*Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*\* By signing this document, I accept full responsibility for all fines incurred, and for lost or damaged materials borrowed on this card.*

**Parent/Guardian Printed Name** \_\_\_\_\_

**Parent/Guardian Identification:** \_\_\_\_\_

(Driver's License/State I.D./Social Security Number)

**Witness:** \_\_\_\_\_

Library Employee Signature