

Thomas Township Library Card Application

Applicant Information (Please Print)

Name _____

Last

First

MI

Address _____ APT# _____

City _____ Township _____ County _____ State _____ Zip _____

Date of Birth: ____/____/____ Driver's License or State I.D. _____

Home Phone (With Area Code) _____ Cell Phone (With Area Code) _____

Receive Notices By: Text Email Mail

Parent/Guardian Name (If Under 18) _____

Cardholder's Signature _____

I agree that I am responsible for all items borrowed with this card, including any fines for lost or damaged materials. Report lost cards immediately. Use of this card implies acceptance of library policies.

Release of Minor Child's Library Records

Under Section 3 of the Michigan 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 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 financial liability for any lost or damaged materials.
3. I give consent for the release of the child's library records to:

Name of Third Party (If records are to be released to the signing parent or legal guardian only, write "self.")

Signature

Date