

APPLICATION FOR RESIDENT BORROWER'S CARD
(SPRINGFIELD TOWNSHIP, MI)

ID NUMBER: _____

Please print *legibly*. All information is confidential.

****Name****

First: _____ Address: _____

Middle: _____ City: _____, MI

Last: _____ ZIP: _____

Suffix (Jr/Sr): _____ Phone: () _____

Gender: _____ Male _____ Female Birthdate: Month _____ Day _____ Year _____

Driver's License Number: _____

E-Mail Address: _____
(Your e-mail address will not be used for any purpose other than library communications.)

When my hold items are available, I would like to be notified via: (Please pick *one*) _____ E-mail _____ Phone Call
(If you're notified via email address, your due date reminders will be sent two days before items are due.)

I certify that the above information is correct. I accept responsibility for materials borrowed on the library card issued from this application.

This borrowing record is protected under the Library Privacy Act, Act 455, of 1982. A copy of the Library Privacy Act, and this library's Policy on Confidentiality of Patron Records, will be furnished upon request.

Applicant's Legal Signature

FOR STAFF USE ONLY:

Verification: _____ Driver's License Authorized By: _____

_____ Other Date: _____



SPRINGFIELD TOWNSHIP LIBRARY
12000 Davisburg Rd.
Davisburg, MI 48350

Phone # (248) 846-6550
Fax # (248) 846-6555
www.springfield.lib.mi.us

DISCLOSURE OF LIBRARY RECORDS CONSENT FORM

I give the Springfield Township Library permission to release my library circulation records to the individual(s) listed below.

List the name, address and telephone number of the authorized individual(s):

I understand that it is my responsibility to provide written notification to the library should I wish to revoke this consent.

Cardholder's Signature: _____

Date: _____

Library Card Number: _____