SPRINGFIELD TOWNSHIP LIBRARY ONLINE APPLICATION FOR RESIDENT BORROWER'S CARD

*This application must be submitted in person along with valid proof of residency credentials.

ID NUMBER:

| ID NUMBER: | |
|--|--|
| Please print legibly. All information | is confidential. |
| **Name** | |
| First: | Address: |
| Middle: | City:, MI |
| Last: | ZIP: |
| Suffix (Jr/Sr): | Phone () |
| 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.) |
| | ke to be notified via: (Please pick one)E-mailPhone Call date reminders will be sent two days before items are due.) |
| () I certify that the above information is of the library card issued from this application. | correct. I accept financial responsibility for materials borrowed on |
| () I understand that once a year I will have continued access to print and digital item | ve to appear in person at the library to renew my card in order to as. |
| Applicant's Legal Signature | |
| ********** | ************* |
| FOR STAFF USE ONLY: | |
| Varification | Driver's License Authorized Ry |

___Other

Date: _____



Phone # (248) 846-6550 Fax # (248) 846-6555 www.springfield.michlibrary.org

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): |
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| |
| 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: |

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.