



St. Clair Shores Public Library Card Application

22500 Eleven Mile Road, St. Clair Shores, MI 48081
(586) 771-9020 www.scslibrary.org

Date Of Application

Card Holder's Information

Please print legibly full legal name and all other information as it appears on your State ID/Driver's License.

_____ Last Name	_____ First Name	_____ Middle Name
_____ Driver's License / State ID #	_____ Date Of Birth	_____ Gender
_____ Address (Including apartment # if applicable.)	_____ City	_____ Zip

Notification Methods

Please supply all information that applies. Place a check in the box next to the method you wish to be your default method of notification for available holds, overdue items, and bills.

<input type="checkbox"/> _____ Home Phone # (With area code.)	<input type="checkbox"/> _____ Email Address (Parent/guardian for children under 18.)
<input type="checkbox"/> _____ Cellular Phone # (With area code. Parent/legal guardian if under 18)	<input type="checkbox"/> _____ Text Message # (With area code. Parent/legal guardian if under 18)

Please note that cellular phone, data, and text message fees may apply from your service provider. If contact information changes, it is the patron's responsibility to notify the library with updated information.

Four Digit PIN (**Required to access account remotely online.**)

Library Card # (Staff use only.)

ADULT'S CARD

I hereby apply for a borrower's card and agree to abide by the rules and regulations of the St. Clair Shores Public Library, to pay all fines and damages charged to my card, and to give immediate notice of a lost card or change of address, phone number, or Email address.

Date Signature

CHILD'S CARD (under age 18)

When I write my name on this form, I promise to take good care of the materials I use in the library and at home, and to obey the rules of the library.

Date Child's Signature

[Under Section 3 of the Michigan Library Privacy Act, MCL 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.]

I hereby declare that:

- (1) I am the mother/father/legal guardian (circle one) of the minor child applying for this library card; 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 child to have access to the unfiltered Internet (circle one) **YES NO**
(Filtered Internet is available in Youth Services room.)
- (4) I give consent for the release of the child's library records to: _____

Mother/Father/Legal Guardian's Name (Please print.) Mother/Father/Legal Guardian's Signature

Driver's License/State ID # Date Of Birth