

RESPONSIBLE PARTY INFORMATION

Parent/Legal Guardian Information—needed if patron is under 18 years of age.

Library Card #/ID of Responsible Party: _____

Responsible Patron must have a valid current identification.

Last Name: _____

First Name: _____ MI: _____

Street: _____ Apt/Lot# _____

City: _____ State: _____ Zip: _____

Phone Number: _____ - _____ - _____

Birthdate: ____ - ____ - ____

I certify that the above information is correct. I accept the responsibility for materials borrowed on the library card issued to the person listed on this application, including all accumulated fines and fees. Responsibility for the choice of materials borrowed and websites viewed rests with the person(s) whose signature appears on the line below and not with the library or library staff.

SIGNATURE OF RESPONSIBLE PARTY

DATE

VIDEO PRIVILEGES: YES or NO

The person named on this application, who is in my legal care, has my permission to check out movies. I understand that the library will not restrict the movies the minor checks out. I realize I am ultimately responsible for any debt my minor child may incur for movies lost or damaged, and for overdue fines or rental charges due.

SIGNATURE OF RESPONSIBLE PARTY

DATE

Library Use Only:

Patron Type: Adult Juvenile Teacher Staff

Residence: In District Out District

Staff Initials: _____

CRDL Patron Registration

Valid current identification will be required when card is issued.

Last Name: _____

First Name: _____ MI: _____

PRIMARY ADDRESS

Street: _____ Apt/Lot# _____

City: _____ State: _____ Zip: _____

Phone Number: ____ - ____ - ____ Gender: M F

Township: _____ County: _____

Birthdate: ____ - ____ - ____ Driver's License: _____
(or State ID)

Please email me regarding Library programs and events!

Please keep a history of my checkouts.

Please send notifications by: Email Text Message Paper

Email Address: _____

Text Message Provider: _____

PERMANENT ADDRESS IF DIFFERENT FROM ABOVE

Street: _____ Apt/Lot# _____

City: _____ State: _____ Zip: _____

I agree to follow the library's policies which are listed on our website at www.crld.org. By signing this form, I verify that the above information is true, and I accept the financial responsibility for paying for materials lost or damaged, and for overdue fines or rental charges due.

Note: Chippewa River District Library participates in a shared automation system with its CCoMPSS partner libraries. Patron records can be viewed for circulation purposes by the library staff of participating CCoMPSS libraries in accordance with the Michigan Library Privacy Act, MCL 397.601, *et seq.* A patron who is not in good standing at a CCoMPSS partner library will not be allowed to check out library materials from Chippewa River District Library until good standing is restored.

SIGNATURE: _____ **DATE:** _____

If the above named patron is under 18 years of age, the back portion of this form must be completed by a legal guardian.

Library Card #

FIRST NAME:

LAST NAME:

