Library Card Number _____

## Public Library of Westland

6123 Central City Parkway, Westland, MI 48185-9118 • Phone (734) 326-6123

A digital form is available at westlandlibrary.org/minorcards.
Email completed form to minorcards@westlandlibrary.org.
A parent must show residency proof before the minor receives the Library Card.

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# *Library Card Application for Minors*

**Minor's Information:**

Legal Name: _____

Preferred Name: _____

Address: _____ Apt # _____

City: _____ State: _____ Zip: _____

Phone: _____ Date of Birth: _____

**Statement of Responsibility:**

I certify that the information on this card form is correct. I accept responsibility for those materials borrowed from the Westland Public Library. Responsibility for the choice of materials borrowed rests with the person(s) whose signature(s) appear below. As the co-signing parent of legal guardians, **I accept responsibility for selecting materials and the materials checked out. I also take responsibility for any fees and costs assessed if materials checked out are damaged or never returned to the Westland Public Library.** I understand this responsibility is in force until the applicant turns 18 or becomes legally competent.

**Co-Signer's Information:**

Print Name: _____ Signature: _____

License/ID #: _____ Date of Birth: _____

Email Address: _____ Phone: _____

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**Disclosure of Information under the Library Privacy Act**

Under the Michigan Public Act of 188 of 1996, library records may be disclosed upon the consent of the person liable to pay for or return the materials identified in that library record. Where the applicant is 18 or otherwise legally competent, the library records under a card issued to that application can be released upon written consent of the parent or guardian who signed the Library Card Application.

Under Section 3 of the Michigan Library Privacy Act, MCL 397.603, a library shall not release or disclose a library record or portion of a library record to a person without the **written consent** of the person liable for payment for, or return of, the materials identified in that library record. Only the parent or legal guardian who has certified, under the Statement of Responsibility of the Library Card Application, that they have accepted responsibility for the materials borrowed on a card may authorize the disclosure of the library records relating to that card.

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I hereby declare that:

*Check one*

1) I am the ☐ **mother** ☐ **father** ☐ **legal guardian** of the child named above; and

2) I certified on the Library Card Application in the Name of the minor child named above that I would accept full responsibility for materials borrowed on the card issued to the child;

3) I give consent for the release of the child's library records to _____
(Name of a third party, such as another relative or adult, to be allowed access to account information such as items checked out. **Anyone not listed will not be allowed access to the Minor's account**. Write "self" if you do not wish to designate a third party.)

Signature: _____ Date: _____