GREAT RIVER REGIONAL LIBRARY

Birth Date: / / / /			GREAT RIVER REGIONAL
Name:, Last Name	First Na		Full Middle Name
Previous Name/s			
Mailing Address:			Apt#
City: State	e: Zip:	Cc	ounty:
Email Address:		Phone: ()_ Phone Type: 🗖 Home	□ Work □ Cell
Check box to receive library news via email. (E Email is the most efficient way to contact you. Your email			
Home Address (If different from mailing address):			
Address:		Aj	pt#
City:	State:	Zip C	ode:
If you are under 18 years of age: Minors must be	present to receive a	library card.	
Parent/Guardian Name:Last Nam			First Name
Parent/Guardian Address:	le		First Name
		A	pt#
City:	State:	Zip C	ode:
Parent/Guardian Contact Phone: ()			
In accordance with Minnesota Statute 13.40 Subd. 2. all Great River Regional Lik users with materials or services used, are confidential. This confidentiality exten- records, registration records (except name), and all other personally identifiable other person who resides with a library patron and who is picking up the materi	ds to information sought or borro uses of library materials, facilities	wed, database search records, Int or services. A library may release	ternet sites, reference interviews, circulation e reserved materials to a family member or
STAFF USE: Patron's Barcode:	(Card Type: Res, MRes, NI	ID, MNID, RCP, MRCP, NR, MNR
Holds notice by: \Box Standard or \Box Email and \Box Pre	eoverdue Holds Pick up	Location	
Branch: Initials: Added	to Email Database		PST, revised 7/2019

ONE GREAT LIBRARY - 33 LOCATIONS