

GREAT RIVER REGIONAL LIBRARY



Birth Date: ____/____/____
 mm dd yyyy

Name as used: _____

Notices and bills for charges
accrued will be sent to this name.

Last Name

First Name

Full Middle Name

Legal or other names (if different than above) _____

Mailing Address: _____ Apt# _____

City: _____ State: _____ Zip: _____ County: _____

Email Address: _____ Phone: (_____) _____

Email is the most efficient way to contact you to let you know the status of requested items, due dates, overdue reminders, etc. GRRL will not sell or share your email for non-library business. Your email will never be shared in accordance with the Tennessean statement below.

Phone Type: ☐ Home ☐ Work ☐ Cell

Home Address (If different from mailing address):

Address: Apt#

City: _____ State: _____ Zip Code: _____

If you are under 18 years of age: Minors must be present to receive a library card.

Parent/Guardian Name: _____, _____
Last Name First Name

Parent/Guardian Address: ☐ Same as above.

_____ Apt# _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian Contact Phone: ()

In accordance with Minnesota Statute 13.40 Subd. 2. Certain information you provide is private. In order to borrow library materials, you must provide your legal name, date of birth and address. Other than your name, this information is available only to you and appropriate library personnel. All GRRL records relating to items checked out, services or programs used are private, however it must be released pursuant to a court order or request by MN state or legislative auditor. In addition, data may be shared with another agency in pursuit of unreturned materials or excessive charges. Also pursuant to state statute, minors have the right to request that parental access to private data be denied.

STAFF USE:Patron's Barcode: _____ **Card Type:** Res, MRes, NID, MNID, RCP, MRCP, NR, MNR

Holds notice by: ☐ Standard or ☐ Email and ☐ Preoverdue Holds Pick up Location

Initials:	Parent postcard needed	Sent	Welcome emails needed	Done

PST, revised 08/25

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