

Please Print Clearly



Birth Date: ___/___/___ (m m / d d / y y y y)

Name: _____ (Last Name, First Name, Full Middle Name)

Do you have a library card anywhere in Minnesota? Yes No (circle one)

Mailing Address: _____ (Mailing Address, Including Apt.#)

City: _____ State: _____ Zip Code: _____

Street Address (If Different From Mailing Address):

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone: (_____) _____ Phone Type: Home, Work, Cell (circle one)

How would you like to be notified?: Email, Phone (circle one)

County of Residence: _____

Preferred Branch To Pick-up Your Holds: _____

If you are under 18 years of age:

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

Address: _____

In accordance with Minnesota Statute 13.40 Subd. 2. all Great River Regional Library circulation and other records which indicate the identity of library users, especially as they connect library users with materials or services used, are confidential. This confidentiality extends to information sought or borrowed, database search records, Internet sites, reference interviews, circulation records, registration records (except name), and all other personally identifiable uses of library materials, facilities or services. A library may release reserved materials to a family member or other person who resides with a library patron and who is picking up the material on behalf of the patron. A patron may request that reserved materials be released only to the patron.

STAFF USE:

Patron's Barcode: _____ Card Type: Res; No-ID; RCP; NR (Last 7 Digits)

Branch: _____ Initials: _____

PST, Revised 1/2012

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