

Library Borrower Registration

Valid at all MORE-member libraries

Name: _____ [specify first, middle, last] _____ Date: _____

Legal name (if different): _____

Parent/Guardian name (if borrower under 18): _____

Street Address: _____ City: _____ State: _____ ZIP: _____

Mailing Address (if different) : _____ City: _____ State: _____ ZIP: _____

Phone number: _____ - _____ - _____

Birthdate: _____ / _____ / _____

Preferred method of contact for hold pick-up and overdue notices:

- Email. Address: _____ @ _____
- Phone. Calls will be placed to phone number listed above.
- Text. Provider for phone number listed above: _____

Driver's License number: _____ State: _____

OR Other ID number: _____ Type: _____

Confidentiality note / date / Over \longrightarrow

Responsibilities

.
.
.

Signature: _____

Signature of parent or guardian: _____

Date: _____

Staff use only:

Identity verified _____ [method] _____

Residence verified _____ [method] _____

Created by: __[initials]__ | __[date]__

Checked by: __[initials]__ | __[date]__

Barcode: _____

Act 150 info: _____

Notes: _____