



# LIBRARY CARD APPLICATION FORM

BLUE EARTH COUNTY LIBRARY SYSTEM  
100 EAST MAIN STREET  
MANKATO, MN 56001  
(507) 304-4001

*Data collected and maintained by a library are private data on individuals and may not be disclosed for other than library purposes except pursuant to a court order, as set forth in Minnesota Statute 13.40, Subdivision 2.*

State or Other ID # \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**Local Residential**

Address: Street/Box # /Apt # \_\_\_\_\_

Must provide Proof of Address or ID

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Township \_\_\_\_\_

(Only if living outside city limits)

Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail Address \_\_\_\_\_

(Please print clearly)

**If you wish to receive notification of items due, holds available, or overdue items; you must provide a current e-mail address above:**

Permanent/Guardian Address \_\_\_\_\_

Permanent/Guardian Telephone number \_\_\_\_\_

***I promise to comply with all library rules, to promptly pay fines or damages charged to me, and to give immediate notice of change in my address. I understand that all information included on this form will be shared with other TdS libraries.***

\_\_\_\_\_  
Signature of applicant Today's date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
(Name of parent or guardian if applicant is under 18 years of age – **please print clearly**)

\_\_\_\_\_  
(Signature of parent or guardian if applicant is under 18 years of age)

***I agree as guardian of applicant listed above to take full responsibility for all materials charged out to the applicant and the content of the materials the applicant may view, including the Internet, within the library.***

LIBRARY USE ONLY

206 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Other ID Used \_\_\_\_\_

Temporary barcode number \_\_\_\_\_

Date entered \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

M.I. \_\_\_\_\_