

**STUDENT**

Name (Last, First, Full Middle) \_\_\_\_\_

Local Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Main Phone (\_\_\_\_\_) \_\_\_\_\_ Other Phone (\_\_\_\_\_) \_\_\_\_\_

I reside in the  City  Township  Village of \_\_\_\_\_ in \_\_\_\_\_ County.

Permanent Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(if different from above)

Date of Birth (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_

Preferred method of contact for hold and overdue notices

Phone  Text—Service Provider: \_\_\_\_\_

Email: \_\_\_\_\_

We may send alerts about new library services or programs.  
 Opt Out

**Your MORE Responsibilities**

I hereby apply for the right of borrowing privileges at libraries within the MORE library consortium. I agree to comply with all its rules and regulations, to pay all fines, to make good any loss or damage to books or materials incurred by me, and to give immediate notice of any change of residence. In the event my library card or key card is lost or stolen, I understand that I am responsible for charges on my account until the date the library is notified of its loss or theft.



Signature \_\_\_\_\_ Date \_\_\_\_\_

Data on this card is confidential according to WI Statute 43.3

----- Staff Use Only -----

Date \_\_\_\_\_ Barcode 2/ \_\_\_\_\_ PTRN Type \_\_\_\_\_

Family Link \_\_\_\_\_ County \_\_\_\_\_ Notice Pref z p a

PTRN Alias \_\_\_\_\_ Act 150 \_\_\_\_\_ Staff Initials \_\_\_\_\_