Genesee District Library Patron Registration
(Must provide proof of current address)
Please fill out and take to any branch of the Genesee District Library to apply for a library card.

Birth Date _______ / _______ / _______

Name:
Last ___________________________ Sr. [ ] Jr. [ ] First ___________________________ Middle ___________________________

Maiden/Former Name(s) __________________________________________

Street Address ___________________________________________________

City ___________________________ State ___________ Zip ___________ County _______________________

Mailing Address (if different than street address) ________________________________

Phone Number (_____) _________ - ___________ Email ___________________________

How would you like to be notified of holds?
[ ] Automated Phone Call [ ] Email [ ] Text Message

Hold Release - The following people are allowed to pick up items being held for me:
________________________________________________________________________

Information Release - The following people are allowed to access the information on my library record:
________________________________________________________________________
________________________________________________________________________

**Adult (18+ years)**
I understand that I am responsible for the use of this card, including any fines or fees incurred for late, lost or damaged items. If my card is lost or stolen, I understand that I am responsible for all materials charged to my account until I report such a loss to library staff. I also agree to give notice of change of address. I agree to comply with the GDL’s internet, computer use and other policies as published on the GDL’s website. (www.thegdl.org)

Borrower’s Signature ___________________________

Date ___________________________

**Youth (0-17 years)  To be signed by Parent or Legal Guardian**
I understand that I am responsible for the use of this card, including any fines or fees incurred for late, lost or damaged items, in addition to my child’s selection of materials and use of electronic resources, including the internet. If my child’s card is lost or stolen, I understand that I am responsible for all materials charged to this account until I report such loss to library staff. I also agree to give notice of change of address. I agree to comply with the GDL’s internet, computer use and other policies as published on the GDL’s website. (www.thegdl.org)

Parent or Legal Guardian (Printed) ___________________________

Relationship ___________________________ Date ___________________________

Parent or Legal Guardian (Signature) ___________________________

Your email address is the primary method for the library to contact you and to notify you of library-related matters. Your email address is kept confidential. Please remember to notify the library if you change your email address. Cardholder MUST be present in order to check out using issued library card.