



MORE Library Borrower Registration

Valid at All Participating MORE Libraries

FRIDAY MEMORIAL
Library
LEARN EXPLORE CONNECT

YOUTH (under 18)

Name (Last, First, Full Middle) _____

Legal Name, if different _____

Parent/Legal Guardian's Name(s) _____

Street Address _____ Apt # _____

City _____ State _____ Zip _____

Main Phone (_____) _____ Other Phone (_____) _____

Email _____

I reside in the ☐ City ☐ Township ☐ Village of _____ in _____ County.

Mailing Address _____ City _____ State _____ Zip _____
(if different from above)

Youth's Date of Birth (MM/DD/YYYY) ____/____/____

Parent/Legal Guardian's DL# or Other ID _____ State _____

Preferred method of contact for hold and overdue notices (choose one)

☐ Phone ☐ Text ☐ Email

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

Computer Use:

Do you want your child to have access to any public library computers per our Computer and Internet Use Policy?
This will not limit access to the online catalog.

☐ Yes ☐ No

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 on this account, and to give immediate notice of any changes to personal information. 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.

By signing a library card application for a juvenile, I accept responsibility for fines and charges on that child's card and acknowledge that it is my responsibility, not the library's, to monitor and approve their choice of library materials and/or other information resources. I understand that I can request library records for my custodial child/ward under age 16 (WI Statute 43.30).



Parent/Legal Guardian Signature _____ Date _____

Data on this card is confidential according to Wis. Statute § 43.30

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

Date _____ County _____ PTRN Type _____ Staff Initials _____

Family Link _____ Act 150 _____ Notice Pref (circle) z p t rev. 2/2025