



# LIBRARY CARD APPLICATION FORM

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

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

*All information on this form is private data and may not be disclosed for other than library purposes except pursuant to a court order. Minnesota Statutes, Section 13.40, Subdivision 2.*

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

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

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ male/female (please circle one)

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

Must provide Proof of Address & ID City \_\_\_\_\_ County \_\_\_\_\_

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

Zip Code \_\_\_\_\_ (Only if living outside city limits)

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

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

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

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

Send all notices to (check one): \_\_\_\_\_ regular mail  
\_\_\_\_\_ e-mail

*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 \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

(Signature of parent or guardian if applicant is under 16 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 \_\_\_\_\_

Library Patron Class \_\_\_\_\_

Stat Class \_\_\_\_\_

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

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