

STUDENT APPLICATION



**SPRINGFIELD
TOWNSHIP
LIBRARY**

12000 Davisburg Rd
Davisburg, MI 48350
(248) 846-6550



CIDL
CLARKSTON INDEPENDENCE
DISTRICT LIBRARY
6495 Clarkston Road
Clarkston, MI 48346
248.625.2212

Student Information

(Please print. Information will be kept confidential.)

Name _____
First Middle Last Suffix(Jr./Sr.)

Address _____
Street City State Zip Code

Phone () _____

Birth Date _____
Month Day Year

School Student Attends _____

Parent/Guardian Information

Name _____
First Last

Driver's License Number or State ID _____

Email _____
Please enter your email address if you would like to receive reminders of items becoming due. Your information will not be used for any purpose other than library communications about your account and upcoming programs.

Signature _____ Date _____

I certify that the above information is correct. I accept responsibility for materials borrowed on the library card issued from this application. I understand that it is the parent/guardian's responsibility to restrict their children's access to library materials and services.

Completed forms can be returned to:
Clarkston Independence District Library 6495 Clarkston Rd, Clarkston MI 48346
Springfield Township Library 12000 Davisburg Rd, Davisburg MI 48350

OR
Your student's teacher.

Office Use Only

CIDL STL