



Educator Library Card Application

(Please print)

Name _____
LAST FIRST MIDDLE INITIAL

Driver's License/State ID #: _____ Birthdate: _____

School Name _____ Phone _____

Email _____

*Automatic notification of overdue/sholds will be sent to you via e-mail

What grade do you teach? _____ Subject _____

Do you have a personal library card? YES NO Library card number _____

I understand, by my signature that:

- ◆ ***This educator card is for materials used for the benefit of my students and classroom.***
- ◆ ***I am responsible for all materials borrowed with this card and any related charges per the library's policies.***
- ◆ ***I understand that misuse of this card will result in a suspension of my privileges.***

Signature _____

Date _____

Library Use Only

Date _____ Staff Initials _____ Barcode _____

PType 11 Township _____ Home Library _____
(Township & Home library must match)

PIN entered? YES NO