Application for Teacher/Institution Card
A regular library card application must also be completed

Library Logo
Library Name and Address



|  |  |  |
| --- | --- | --- |
| Last name | First name | Middle name |
|  |  |  |
| Birthdate (month/day/year) | School/Institution name |
|  |  |
| School/Institution address: number & street | City | State | ZIP Code |
|  |  |  |  |
| Work phone number | Work email address |
|  |  |
|  | *Notifications will be made to your work email address, unless otherwise requested.* |

I understand that the Teacher/Institution Card carries special privileges and is to be used only for checkout of materials for teacher or institutional use, and not for my personal use.

|  |  |
| --- | --- |
| Signature | Date |
|  |  |
| Title |
|  |

The person who signs below is the person responsible for paying any charges for loss or damage to library materials checked out on this card.
If it is your school or institution’s policy to cover these charges, please also provide a letter stating your school/institution will assume this responsibility.

|  |  |
| --- | --- |
| Signature | Date |
|  |  |
| Title |  |
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