



EDUCATOR CARD APPLICATION

APPLICANT MUST PRESENT IDENTIFICATION WITH CURRENT ADDRESS

Last First Middle Initial

Street Address

City State Zip Code School District County

_____-_____-_____
Contact Number Month/Date/Year of Birth Photo ID Number

____ Address change ____ Name change ____ Contact number change

CUSTOMER MUST PRESENT LIBRARY CARD FOR ALL TRANSACTIONS -REPLACEMENT CARDS ARE \$1.00

I agree to observe all rules established by the Library, and will be responsible for all materials borrowed on my card. I agree to pay any fines or other charges imposed for late return or mutilation of library materials. I will notify the library immediately in case of loss or theft of this card. I understand that only personal information that is required to obtain a card is being collected and that such information that is necessary is accessible by all CLEVNET member libraries.

Signature _____

LIBRARY USE ONLY

LIBRARY CARD ID #28085000 _____

Staff Initials _____

Date _____

