

LAKE BLUFF PUBLIC LIBRARY CARD APPLICATION – EDUCATOR CARDS

APPLICANT INFORMATION

Mr./Ms.	First Name	M. I.	Last Name	Jr./Sr./III
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Preferred name/nickname (if different from above): \_\_\_\_\_

Phone Number	Email Address
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I would prefer to be contacted by:  Phone **or**  Email

Would you like to sign up for our email newsletter?  Yes  No

STATEMENT OF RESPONSIBILITY

My signature in the space below indicates that I understand and agree to the following:

- I understand that this card may only be used to access items intended for use in the classroom or items related to professional development.
- I understand that this card may not be used to check out items for personal use.
- I understand that misuse of an Educator Card may result in consequences up to and including loss of card privileges.
- I agree to comply with library policy and procedure.
- I accept full responsibility for the materials checked out on this card, including any fines and fees incurred.
- I certify that the information on this form is correct.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

STAFF USE ONLY:

Card Type:  Educator

Barcode Number: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

Added phone/email in circ?