

TEACHER/SCHOOL LIBRARY CARD APPLICATION  **SOUTH CENTRAL LIBRARY SYSTEM**

IDENTIFICATION REQUIRED:

- Photo I.D. (i.e. Driver's license, state I.D. card)
- School ID Required.

PATRON INFORMATION (please print):

Name of School _____

School Mailing Address _____
Street, RR/Fire Number or P.O. Box City, Village, Town State Zip

County _____ Township _____

School Phone (____) _____ School Email Address _____

Name of Principal _____

Name of Teacher _____

Teacher Phone (____) _____ Teacher Email Address _____

*Email address is required. All notifications will be sent by email.

ACCEPTANCE OF RESPONSIBILITY (Read carefully!)

- We will be responsible for all materials checked out on this card, including materials checked out by others with or without our consent, unless we have previously reported the loss of this card.
- We will report a lost or stolen card, or any change of information (name, address, phone, email) immediately.
- We will comply with all library rules and policies.
- We understand that there will be charges for lost, damaged, missing parts, stolen materials and possibly overdue fines.
- We understand that the library provides access to a broad range of materials and that it is our responsibility to judge for ourselves and for our students what resources are appropriate for our use.

This card will expire on the 15th of June, 20____.

TEACHERS' SIGNATURE/DATE : _____ Date: _____

PRINCIPAL'S SIGNATURE/DATE: _____ Date: _____

FOR LIBRARY STAFF ONLY:

Type of registration:

- New patron
- Address change
- Lost card
- Renewal
- Name Change (Former name _____)

Staff initials/LIB verifying ID: _____

Patron Category: _____

PSTAT (Sort 1): _____

Photo ID type: _____

(optional) ID #: _____

Send application to: _____

Patron has been issued card with barcode _____ from _____.

Issue a card with this barcode and mail card to patron
(staple barcode label here)

Card has been set to expire on June 15th of the school year.