



TEACHER/INSTITUTIONAL LIBRARY CARD FORM

Photo identification may be required for this registration. The institution's director or principal must sign this form agreeing that the institution/ school is responsible for materials borrowed from the library.

Name _____
Name of Institution/School _____ Contact Person Name (i.e. Teacher) _____

Mailing Address of Institution/School

Street _____

City _____ Zip Code _____ County _____

Telephone (_____) _____ (_____) _____
Contact Person Institution/School

Contact Person Email _____

Language Preference: English Spanish I would like to receive information from the library about special events and ways to support the library via email

*I agree to take responsibility for all library materials borrowed on this card. I agree to cooperate with all policies, rules, and regulations of the Library which include: care of all borrowed library materials, the prompt payment of fines and fees, and the replacement cost and fees for items lost or damaged. I will inform the Library regarding changes in my address, email, and/or telephone number, as well as if in case of loss of my card. I understand and agree that the Library is not responsible for damage to any audio/video or personal computer equipment as a result of the use of materials borrowed from the library, and that the Library reserves the right to modify conditions for continued service at any time.

Signature of Contact Person _____

Signature of Principal/Director _____

Print Name of Principal/Director _____

FOR LIBRARY USE ONLY. PLEASE DO NOT WRITE BELOW THIS LINE

Check one New Address change **Category:** Adult Educator/Institution Other _____

Barcode _____ Residence of Institution _____ Res. Detail _____

Tax Area _____ Tax Rate Area _____ Staff Initials _____ Today's Date _____