



TUSCARAWAS COUNTY
PUBLIC LIBRARY SYSTEM
WWW.TUSCLIBRARY.ORG

Initials _____

BC# _____

Educator Card

LIBRARY CARD APPLICATION

****TO OBTAIN AN EDUCATOR CARD, APPLICANT MUST PRESENT PROOF OF EDUCATOR STATUS IN THE FORM OF A CURRENT PAYCHECK STUB FROM PLACE OF EMPLOYMENT OR A COPY OF CURRENT HOME EDUCATION LETTER OF INTENT OR EXCUSAL FROM COMPULSORY ATTENDANCE FORM IS NEEDED TO OBTAIN AND EDUCATOR CARD.**

(Basic)

Name _____

LAST

FIRST

MIDDLE NAME

(Privileges)

SELECT A "PASSWORD." [PIN] (4 Numbers): _____

(Demographics)

GENDER FEMALE _____ MALE _____ OTHER _____ PREFER NOT TO SAY _____

(check one)

TOWNSHIP _____

BIRTHDATE _____

(School Info)

SCHOOL NAME _____ GRADE. _____

SCHOOL PHONE _____

(Addresses)

HOME MAILING ADDRESS

NUMBER/STREET _____ APT. _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ E-MAIL _____

TEXT MSG. NUMBER _____ (if you choose text message for your notices your service provider's normal text fees will apply)
(OPTIONAL FOR NOTICES)

Notify Me By (Check One)

- Phone
- E-Mail

- Text Msg.
- E-Mail and Text Msg.

BY SIGNING, I CERTIFY I UNDERSTAND AND AGREE TO ABIDE BY THE FOLLOWING LIBRARY REGULATIONS

I agree to observe all rules established by the library. I agree to use my educator card for materials I will be using as an educator, not personal materials. I agree to pay any charges assessed if materials I borrow are damaged or lost and to accept responsibility for any damage incurred to personal equipment resulting from use of library materials. I understand that I am responsible for all materials borrowed on my card. I further agree to report a stolen or lost card immediately.

Signature _____ Date _____