



Application for Lorain Public Library System TEACHER card

Please print

Last Name		First Name		Middle
Mailing Address				Apt. #
City		State	Zip	
Residence Address (If Different From Above)				Apt. #
City		State	Zip	
Phone		Driver License/Other ID		
Birth Date		Email		
Month	Date	Year		

Employer _____

Communication from LPLS

I would like to receive notices from the library regarding holds and items due by Email Text

Would you like to receive policy and program information from the library via Email? Yes No

Signature

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 library card is being collected and that such information is accessible by all CLEVNET member libraries.

Your signature _____

Circle Area of Residence By School District:

AM Amherst	CS Columbia Station	LO Lorain	OB Oberlin City	RO Rest of Ohio
AL Avon Lake	EL Elyria City	MI Midview Local	SL Sheffield-Sheffield Lk	
AV Avon Local	FI Firelands	CU Cuyahoga	WL Wellington	
CW Clearview	KS Keystone Local	NR North Ridgeville	VE Vermilion	

Please do not write below this line

Profile: TEACH

Branch: _____

ID# 28082 _____

Staff: _____