



Engage, Inform, Enrich, Educate

Teacher Card: Statement of Responsibility

Please print.

Teacher's Name _____ Birth Date ____ / ____ / ____
Last Name, First Name

Home Address _____

City _____ Zip Code _____ - _____

Telephone (1) _____ - _____ - _____ Wireless Carrier _____

School Name _____

School Address _____

City _____ Zip Code _____ - _____

School Telephone (2) _____ - _____ - _____

Email Address _____

(I would like to be notified by email before my materials are due.)

____ Text Notifications?

(I would like to receive text messages regarding my holds, overdues, bills, fines, and any other reminders. Standard text rates apply.)

____ eReceipts?

(I do not want to receive paper receipts.)

I would like to apply for a Teacher Card. This card will be issued in my name, along with the school name. I understand that it is to be used for school purposes only and can be used as long as I am employed as a teacher at this school. Further, I understand that I am responsible for all lost or damaged material and will pay the Niles-Maine District Library all bills incurred.

Teacher's Signature _____ Date _____

For Library Use Only

Barcode _____

Expiration Date _____

ILL/RB Library Code: NIK—Niles-Maine District Library

Statistical Code Teacher

Patron Code: NIK Educational

Staff Initials _____

Non-Blocking Note Added

rev. 09/18