

# Library Card Application: Educator

SELECT ONE

Teacher

Home School



## TEACHER SECTION (print clearly)

For primary, secondary, and higher education teachers, both public and private, with a current school ID.

TEACHER NAME		SCHOOL NAME			
E-MAIL					
PERSONAL MAILING ADDRESS		CITY	STATE	ZIP	COUNTY
PERSONAL PHYSICAL ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP	COUNTY
PHONE	SECONDARY PHONE			LIBRARY CARD PIN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

By signing below, I accept all responsibility, **including fiscal**, for all use made of this library card. I understand this card expires one year from today unless I update it annually in person. I will notify Deschutes Public Library if & when any information changes, or my card is lost or stolen.

SIGNATURE <b>X</b>	NAME / TITLE (PRINT)	TODAY'S DATE
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### DESCHUTES PUBLIC LIBRARY STAFF ONLY

| BARCODE

| PATRON TYPE

| DATE

| INITIALS

|  CURRENT SCHOOL ID VERIFIED

## HOME SCHOOL SECTION (print clearly)

For those who home school ages 6–17 years.

NAME					
E-MAIL					
MAILING ADDRESS		CITY	STATE	ZIP	COUNTY
PHYSICAL ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP	COUNTY
BUSINESS PHONE	CONTACT PHONE, IF DIFFERENT			LIBRARY CARD PIN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

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SIGNATURE <b>X</b>	NAME / TITLE (PRINT)	TODAY'S DATE
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### DESCHUTES PUBLIC LIBRARY STAFF ONLY

| BARCODE

| PATRON TYPE

| DATE

| INITIALS

|  ESD REGISTRATION DATE VERIFIED