

ENOCH PRATT FREE LIBRARY
TEACHER'S LOAN APPLICATION

PERSONAL LIBRARY CARD NUMBER _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

HOME TELEPHONE NUMBER _____

BIRTHDATE _____

SCHOOL _____

SCHOOL ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE NUMBER _____

PRINCIPAL/DIRECTOR _____

I agree to pay the replacement cost for any lost or damaged materials.

I understand that failure to return materials charged on this card may result in the suspension of my teacher library card and may affect borrowing privileges on my personal library card.

SIGNATURE _____ **DATE** _____

TEACHER LIBRARY CARD NUMBER _____