



LICKING  
COUNTY  
LIBRARY

# Educator Library Card Application

Applicants must show proof of teacher/educator/  
preschool at a Licking County Library location.

Licking County Library Cards are only issued to residents of Ohio.  I am a resident of Ohio.

I am a:

- School Librarian
- K-12 Teacher
- K-12 Homeschool Teacher
- Preschool/Daycare Instructor

School/Agency Name: \_\_\_\_\_

Administrator's Name: \_\_\_\_\_

School/Agency Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City State ZIP Code

Full Name: \_\_\_\_\_  
First Middle Last

PIN number for Library  
account (must be 4 digits): \_\_\_\_\_

Identify My  
Gender As:  Male  
 Female  
 I prefer not to answer

Birthdate: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
MM/DD/YYYY

Email address: \_\_\_\_\_  
Communication Preference:  Phone call  
 Text message  
 Email

Home Mailing Address: \_\_\_\_\_  
Street/PO Box Apt. Number  
\_\_\_\_\_  
City State ZIP Code

- Please sign me up for Licking County Library's eNewsletter.
- Please send me information on supporting the Library through the Friends of Licking County Library.

I accept full responsibility for the use of this card and payment of fees charged to it.  
I will give immediate notice to the Library of loss of card or change of address.

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Date

**Staff Use Only**

Staff Initials: \_\_\_\_\_ eNewsletter Completed:   
Library Card #: \_\_\_\_\_  
Teacher Verification Type: \_\_\_\_\_