

Westhampton Free Library EDUCATOR'S LIBRARY CARD APPLICATION

NAME: _____

HOME ADDRESS: _____

HOME PHONE: _____

SCHOOL: _____ GRADE: _____

SCHOOL PHONE: _____

EMAIL ADDRESS: _____

I agree to follow all Westhampton Free Library rules and be responsible for all materials charged to this card. 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: _____

EMPLOYMENT VERIFICATION

Dear Westhampton Free Library:

This letter confirms that _____

Is an employee at the _____

School for the 20____ - 20____ school year.

Principal's Name

Principal's Signature

Date

*A recent pay stub will also suffice as employment verification.

*Please print form and apply in person at the library