## **Educator Card Library Card Application**

14 West 10<sup>th</sup> St. Kansas City, MO 64105 816.701.3400

Current ID Required | Please Print

			Circle: Jr. Sr. II III IV
LAST NAME	FIRST NAME	MIDDLE NAME	
STREET ADDRESS (where	e you receive your mail)		
CITY		STATE	ZIP CODE
SCHOOL/AGENCY AFFIL	IATION		
EMAIL ADDRESS The Library will contact yo	ou via email about holds and overdue materia	PHONE NUMBER als.	
PIN (4 Numbers [0	-9]):	Birthdate:	
	with your Library Card Number, access your account and the library's home.	MONTH - DAY - YEAR	
	e open to individual teachers, childca aterials, excluding feature DVDs, for		

of each year. Please contact any library to update information and renew your account

## **RESPONSIBILITY:**

I agree to take care of materials checked out with this card and pay any fines or damage that occurs. I understand that until I notify the Kansas City Public Library of a lost or stolen card, I am responsible for all materials checked out on my library card.

to individuals not schools or agencies. Checking out items for personal use is prohibited. This card expires on August 1

SIGNATURE

DATE