DELAWARE EDUCATOR LIBRARY CARD APPLICATION

PLEASE PRINT CLEARLY

Last Name:	First Name:		Middle Name:		
Please choose a four digit Personal Ide	ntification <u>N</u> umber (PI	N) to be used for ga	ining access to your libr	cary's digital services.	
Choose any FOUR digit num	ber: PIN:				
Birthdate (Month/Day/Year):	/	/	<u></u>		
I am a (circle): School Librarian	K-12 Teacher	K-12 Homeso	chool Teacher		
School District					
Contact Information					
Main Telephone:		Notify via (cir	Notify via (circle one): phone email text		
Home Mailing Address:					
City:		State:	Zip:		
Email:					
School Name:		Administrator's nan	ne:		
Street:					
City:		State:	Zip:		
School Telephone:					
Hold/Pickup NoticesBill Notices – noticeManual Messages – a	eminder of an item's du s – notice that an item y that your account has a in alert that there is a p s – a message alerting y vice only. Patron is responsi	te date and notice if you requested is avancerued a fine problem with your a you to important libble for the timely return	an item is overdue citable for pick up ccount crary news or events of item(s) that are borrowed	using your card or any card	
Phone Number for text messages:					
Initial: I agree to pay library policies. I further agree to re		_			
Signature:					
 Material Request service is available. Limitations may be imposed a ************************************	ailable at participating t the discretion of the I	libraries. .ibrary			
For Staff Use Only					
Staff Initials: Date:_					
ID Used:		Barcode:			