



# Educational Services Delivery Program Classroom Card Application

Today's Date: \_\_\_\_\_

Teacher Contact (first and last name): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

School Name: \_\_\_\_\_

Grade Level or Teacher Position: \_\_\_\_\_

School Address: \_\_\_\_\_

School's Federal Tax ID Number: \_\_\_\_\_

School Phone Number: \_\_\_\_\_

I agree to accept full responsibility for all materials borrowed from the Warren County Public Library by the person or school listed above. I agree to pay the cost of the replacement of any materials which are lost or damaged. I further agree to be responsible for insuring that the materials are returned on time and will advise the library of any change of information.

Teachers Signature: \_\_\_\_\_

Staff Use Only:

Library Card Number: \_\_\_\_\_

Account Number: \_\_\_\_\_