

DELAWARE EDUCATOR LIBRARY CARD APPLICATION

PLEASE PRINT CLEARLY

Last Name: _____ First Name: _____ Middle Name: _____

Please choose a four digit Personal Identification Number (PIN) to be used for gaining access to your library's digital services.

Choose any FOUR digit number: PIN: _____

Gender (circle): M F Birthdate (Month/Day/Year): _____ / _____ / _____

I am a (circle): School Librarian K-12 Teacher K-12 Homeschool Teacher

School District: _____

Contact Information

Main Telephone: _____ Notify via (circle one): phone email text

Home Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

School Name: _____ Administrator's name: _____

Street: _____

City: _____ State: _____ Zip: _____

School Telephone: _____

I would like to receive text messages on my mobile phone for (check all that apply):

_____ Overdue Notices – reminder of an item's due date and notice if an item is overdue

_____ Hold/Pickup Notices – notice that an item you requested is available for pick up

_____ Bill Notices – notice that your account has accrued a fine

_____ Manual Messages – an alert that there is a problem with your account

_____ User Announcements – a message alerting you to important library news or events

Library messages are provided as a courtesy service only. Patron is responsible for the timely return of item(s) that are borrowed using your card or any card for which you are responsible. You can access your account at our website or by calling a Delaware Library System branch.

Phone Number for text messages: _____

Initial: _____ **I agree to pay all charges for lost or damaged items checked out on this card and to observe all library policies. I further agree to report a lost card or change of contact information immediately.**

Signature: _____

- Material Request service is available at participating libraries.
- Limitations may be imposed at the discretion of the Library

For Staff Use Only

Staff Initials: _____ Date: _____

ID Used: _____ Barcode: _____