



atlanta-fulton public library system

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Atlanta-Fulton Public Library System Library Card Application for Teachers

Name: (Last, First, Middle)

Home Address:

Number and Street

Apartment Number

City

State

Zip Code

County

Email Address: _____ Home Telephone Number: (____) ____ - _____

Where you teach:

School Name

Number and Street

City

State

Zip Code

County

Applicant: This card is issued to you, and you are responsible for its use, including fines and damaged or lost material. If the card is lost, you are responsible for its use until you report the loss to us. Your signature says you, the educator, personally accept responsibility for material charged on this card, and will pay fines, damages, and lost charges that accrue.

I Agree

I Disagree

Applicant signature: _____

Email Address: _____ or Telephone Number: (____) ____ - _____

The principal/Head may be required to verify that the applicant is employed by the organization listed above. The applicant is personally responsible for all charges on this account.

Name of Principal/Head

Title:

Email Address: _____ or Telephone Number: (____) ____ - _____

---For Staff Use Only---

Library card # D0

Staff Initials: