Educator Card Library Card Application

14 West 10th 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 you receive your mail)		
CITY		STATE	ZIP CODE
SCHOOL/AGENCY	y Affiliation		
EMAIL ADDRESS The Library will co	ntact you via email about holds and overdue material	PHONE NUMBER	
PIN (4 Numbe	ers [0-9]) :	Birthdate:	
will allow	, along with your Library Card Number, v you to access your account and the library's es from home.	MONTH - DAY -	- YEAR
week check-out to individuals n	unts are open to individual teachers, childca t of materials, excluding feature DVDs, for u ot schools or agencies. Checking out items ease contact any library to update informat	use in a classroom or childcare se for personal use is prohibited. Th	etting. Accounts are issued
-	LITY: care of materials checked out with this card e Kansas City Public Library of a lost or stole		
SIGNATURE		DATE	
FOR LIBRARY STA	FF USE ONLY: Library Card #		Staff Initials: