



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: _____