

Cobb County Public Library System

Educator Card Application

Educator's Name _____
First Preferred Middle Initial Last

Home Address _____
No. Street

City County State Zip Within City Limits? Yes No

School Name _____

School Address _____
Street City State Zip

Phone (____) _____ Cell (____) _____ Work Phone (____) _____

Birth Date _____ E-mail Address _____

E-Mail Authorization: If box is not checked, notice will be given via [Telephone Message](#).

Yes I authorize notification of the titles of library materials I have checked out or requested by e-mail. I understand that e-mail is not totally secure. I will enable my *spam* blocker to receive e-mail from cobbcat.org and I will notify the library if I change my e-mail address.

E-Mail Notifications

Yes I would like to receive periodic updates about Library services, programs and activities.
 Yes I would like to receive periodic updates about Library support groups.

I agree to obey the rules and regulations of the Cobb County Public Library System. Failure to do so may result in loss of borrowing and/or Internet privileges. I accept responsibility for all items borrowed against my account and all fines and fees incurred. I must present my card or present acceptable identification to check out materials or use the Internet.

Signature of Applicant _____ Date _____

- For Staff Use Only -

Patron No: 2 30060 _____ Identification _____

Staff Name _____ Branch _____ Expires _____

Entry Date _____

