

Classroom Registration Form

Please fill out and take to any branch of the Genesee District Library to apply for a library card.

Today's Date _____ / _____ / _____
Month Day Year

School District _____

School Name _____

School Address _____
Street City State Zip

School Phone (_____) _____ -- _____

Teacher's Information

Name _____

Phone Number (_____) _____ -- _____

Email _____

How would you like to be notified?

Automated Phone Call Email Text Message

I understand that I am responsible for the use of this card, including any fines or fees incurred for late, lost or damaged items. Additionally, I understand that I am responsible for keeping track of the use of this card. If the card is lost or stolen, I understand that I am responsible for all materials charged to this account until such a loss is reported to the library staff. I also agree to give notice of any changes to the list of authorized users, alternate contact person. I agree to comply with the GDL's internet, computer use another policies as published on the GDL website. (www.thegd.org)

Teacher's Signature _____

Alternate School Contact Person

Name _____

Phone Number (_____) _____ -- _____

Email _____

Email addresses are used for notification of library-related matters and are kept confidential.

List of Authorized Users
(Maximum of 10; all must be 18+ years of age)

Office Use Only

Library Card Barcode _____ Issued By _____

Please send this form to the Youth Services Librarian at William F. Delaney Headquarters.

