

Teacher Cards

Wright Memorial Public Library strives to provide educators extended access to educational library materials tailored to classroom needs. Educators at schools, educational institutions, and home school parents are eligible and may apply for a Teacher Card yearly.

To receive a Teacher Card, educators must:

- Complete a Teacher Card application (see appendix) and return it to Wright Memorial Public Library in person
- Provide a picture ID and a verified address
- Certify active teaching status (school ID, pay stub, contract, letter on letterhead, or an Excuse from Compulsory Attendance for homeschoolers).
- Accept responsibility for any charges leveled against the card. Overdue fines will not be assessed but educators may be charged for lost or damaged materials. Misuse of the Teacher Card may result in revoking of Teacher Card borrowing privileges.

Teacher Cards are to be used to check out instructional materials for the classroom, up to 150 items at one time. 25 of these items may be DVD/Blu-ray items.

The loan period for items borrowed with a Teacher Card is six weeks EXCEPT for movies, Fast View, Fast Read, console games, and seasonal items (which do not qualify for an extended loan). Materials may be renewed once for an additional three weeks (for a total loan period of nine weeks, with the original checkout), as long as the materials have not been requested by another patron.

Teacher Cards will expire yearly on August 1, and educators may renew their Teacher Card as long as proof of employment for the new school year is provided.

Wright Memorial Public Library Teacher Card Application

PLEASE READ CAREFULLY:

Educators who work in an educational setting in Ohio are eligible for a Teacher Card. This card allows educators to check out up to 150 materials at one time, 25 of which may be DVD/Blu-ray items. No fines will be charged for overdue materials but educators may be charged for lost or damaged materials.

Name: LAST	FIRST	MIDDLE INITIAL
School or Institution Name:		
Address:		
City:	State:	Zip Code:
Telephone Number:		
Home Address:		
City:	State:	Zip Code:
Best Phone Number to Contact You:		
Best Email to Contact You:		
Preferred Method of Contact: <input type="checkbox"/> Phone Call <input type="checkbox"/> Email		

PLEASE READ BEFORE SIGNING: I verify that the above information is correct and agree to abide by the Wright Memorial Public Library Teacher Loan policy. I understand that misuse will result in the revocation of Teacher Card borrowing privileges.

Signature

Date



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Dayton, OH 45419
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www.WrightLibrary.org