

EDUCATOR ACCOUNT APPLICATION



Organization/School Name: _____

Address: _____

City/State/ZIP: _____

Phone: _____

Email: _____

Educators Eligible for Educator Accounts:

List all educators at your organization/school you would like to receive accounts. Anyone in an educational role can qualify (including teacher aides, counselors and administrators). Fill in the info for as many educators as you need accounts for. If you have more than 20 educators, please fill out a second application form.

1. Name: _____ Email: _____

2. Name: _____ Email: _____

3. Name: _____ Email: _____

4. Name: _____ Email: _____

5. Name: _____ Email: _____

6. Name: _____ Email: _____

7. Name: _____ Email: _____

8. Name: _____ Email: _____

9. Name: _____ Email: _____

10. Name: _____ Email: _____

11. Name: _____ Email: _____

12. Name: _____ Email: _____

13. Name: _____ Email: _____

14. Name: _____ Email: _____

15. Name: _____ Email: _____

Educators Eligible for Educator Accounts *(continued)*:

16. Name: _____ Email: _____

17. Name: _____ Email: _____

18. Name: _____ Email: _____

19. Name: _____ Email: _____

20. Name: _____ Email: _____

Verification

The authorizing official for educator accounts must be a principal, center owner, administrator, instructional coach, librarian or homeschooling parent/guardian. Individual educators at a school cannot complete an application on their own.

Do you qualify as an authorizing official?

Yes No

I verify that the educators listed here are employees of my school or organization and authorize them to receive St. Louis Public Library Educator Accounts.

Yes No

I understand that my school or organization is taking responsibility for ensuring Library items checked out using educator accounts are returned.

Yes No

I understand that, while Library staff will curate deposit collections for educators, it is the educator's responsibility to review collections before distributing the materials to students.

Yes No

Authorizing Official Full Name: _____

Authorizing Official Signature: _____

Authorizing Official Role/Title: _____