

SE \_\_\_\_\_  
DATE \_\_\_\_\_

LUCY ROBBINS WELLES LIBRARY  
95 CEDAR STREET  
NEWINGTON, CT 06111

UPD \_\_\_\_\_  
DATE \_\_\_\_\_

TEACHER REGISTRATION FORM

*Teacher cards are issued to any educator residing or teaching in the town of Newington. Materials loaned on a teacher's card are for classroom use only. Teacher cards are kept at the Circulation desk and can only be used at the Newington Library.*

PLEASE PRINT

NAME \_\_\_\_\_  
*First M.I. Last*

SCHOOL \_\_\_\_\_  
*Name of School*  
\_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City State Zip Code*

The individual named is responsible for all materials borrowed.

SCHOOL TELEPHONE (including area code) \_\_\_\_\_

HOME ADDRESS

\_\_\_\_\_  
*Street*  
\_\_\_\_\_  
*City State Zip code*

HOME TELEPHONE (including area code) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

*Please fill in the following information:*

DATE OF BIRTH \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

*I take full responsibility for all materials charged out on this card. I am also responsible for any fines after designated loan period, or any loss or damage to library materials. There are no renewals on teacher loans.*

SIGNATURE :

\_\_\_\_\_  
Signature Date

BARCODE NUMBER \_\_\_\_\_