

Educator Card Application



Ocean County Library
Connecting People, Building Community,
Transforming Lives



Proof of School Employment is required for obtaining an Educator Card

APPLICANT INFORMATION		PLEASE PRINT		ALL INFORMATION IS CONFIDENTIAL	
Last Name	First	Middle	Title	Suffix	
Street Address Apartment/Unit #					
City	State	Zip code	Phone ()		
Notification Preference : E-mail Telephone Text Messaging* Specify Carrier:			E-mail Address:		
eReceipts:		Yes	No		
Password (4 character minimum, 16 character maximum)					
Birth date (MM/DD/YY)		Age Group: 0-5 6-12 13-16 17 18-29 30-54 55-64 65+			
Name of School					
Name of Principal					
Street Address					
City	State	Zip code	School Phone ()		
Applicant's job title or grade level					

By signing below, I agree to follow all the rules and regulations of the Ocean County Library.

Signature _____

If under the age of 17, signature of parent or guardian** _____

Please print name of parent/guardian _____

*Standard text messaging fees apply

**The Ocean County Library holds parents and guardians responsible for the fines and fees associated with books and materials borrowed by their minor children under the age of 17.

Staff Use Only ~ Barcode 23160 _____ Date _____ Record ID _____ Initials _____