



Library Card Application Form

This application is exclusively for employees of Lincoln County Public Schools as part of an initiative to give school employees and students digital access to library resources.

Please select which library card option you would prefer:

- Update existing Lincoln County Public Library card
- Issue a digital access only Lincoln County Public Library, LC Educator Card

Name: _____
Last First Middle/Maiden

Street Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Mailing Address: (if different) _____

City: _____ State: _____ Zip Code: _____ County: _____

Gender: _____ Birthdate _____ Associated School: _____

E-mail Address: _____ Driver's License No. _____

Phone 1: _____ Home Cell

Phone 2: _____ Home Cell

Cell Phone Carrier: _____ Notification option: E-mail address Text

I would like a login for Pronunciator, an online language learning program.

I agree to be responsible for materials borrowed with this card, for all fines incurred and for loss and/or damage of materials charged to it.

Signature _____ Date: _____

For Library Staff Only:

Updated existing Lincoln County Public Library card Issued an LC Educator card Pronunciator login created

Library Card No. _____ Staff initials _____ Date: _____

Pronunciator user Id _____ Pronunciator password _____