

MPL BARCODE



STAFF INITIALS / DATE

## Teacher / Homeschool Library Card Application

☐ MALE ☐ FEMALE

SCHOOL DISTRICT  
OF RESIDENCE:  
(Choose One)

- |  |   |
|--|---|
| <input type="checkbox"/> MASSILLON CITY (12) | <input type="checkbox"/> FAIRLESS LOCAL (6)     |
| <input type="checkbox"/> JACKSON LOCAL (8)   | <input type="checkbox"/> TUSLAW LOCAL (21)      |
| <input type="checkbox"/> PERRY LOCAL (17)    | <input type="checkbox"/> NORTH CANTON CITY (14) |
| <input type="checkbox"/> CANTON CITY (3)     | <input type="checkbox"/> OTHER (22)             |

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE OF BIRTH (MONTH/DAY/YEAR)

CARDHOLDER FIRST NAME

MIDDLE NAME

LAST NAME

SCHOOL

SCHOOL TELEPHONE NUMBER AND EXT.

SCHOOL STREET ADDRESS

CITY

STATE

ZIP

GRADE TEACHING

EMAIL ADDRESS

HOME STREET ADDRESS

CITY

STATE

ZIP

HOME TELEPHONE NUMBER

When library items are ready to be picked  
up or are overdue, please contact me via:  
(Choose One)

- ☐ TELEPHONE CALL  
☐ EMAIL

*Optional: I hereby give permission for the following adults to have access to my library account and to transact library business on my behalf.*

NAME 1

NAME 2

NAME 3

By signing this application, I accept financial responsibility for overdue charges and lost or damaged materials. I will comply with all library rules and give prompt notice of any change of address. If this card is lost or stolen, I will notify the library immediately.

I also give the Massillon Public Library permission to send me information about library issues, programming, services, and events via electronic communication. The library does not sell your email address to any other party or agency.

\* OPT OUT BY INITIALLING HERE: \_\_\_\_\_

Signing someone else's name on a library card application is forgery and a fifth degree felony under Ohio Revised Code § 2913.31b1.

SIGNATURE

DATE

March 2020