

# Borrow More

Teachers may enjoy up to 100 items at a time with a four-week loan period

Just fill out this form and return it to our front desk at the Main Library or Madison Branch, or mail it to:

Lakewood Public Library  
Attn: Teacher Library Card Request  
15245 Detroit Avenue  
Lakewood, OH 44107-3890



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Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

## School Information

School \_\_\_\_\_ Grade \_\_\_\_\_

School Address \_\_\_\_\_

\_\_\_\_\_

School Phone \_\_\_\_\_

I verify that this educator is a professional classroom teacher in my building.

\_\_\_\_\_  
SCHOOL PRINCIPAL SIGNATURE

\_\_\_\_\_  
DATE

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

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