



ST. LOUIS' ORIGINAL SEARCH ENGINE®

EDUCATOR ACCOUNT APPLICATION

Educator Accounts support local educators with extended loan periods and special borrowing privileges designed to meet your needs.

COMPLETE AND EMAIL TO CUSTOMERSERVICE@SLPL.ORG

1. Is this an application to renew existing privileges or is this a first-time application for your school or organization (select one)?

Renew Existing First-Time

2. Organization/School Information

Name:
Address:
City/State/Zip:
Phone:

3. Authorizing Official Information

Full Name:
Title:
Email:

4. Educators Eligible for Educator Account Privileges:

1. Full Name: <input type="text"/>	11. Full Name: <input type="text"/>
2. Full Name: <input type="text"/>	12. Full Name: <input type="text"/>
3. Full Name: <input type="text"/>	13. Full Name: <input type="text"/>
4. Full Name: <input type="text"/>	14. Full Name: <input type="text"/>
5. Full Name: <input type="text"/>	15. Full Name: <input type="text"/>
6. Full Name: <input type="text"/>	16. Full Name: <input type="text"/>
7. Full Name: <input type="text"/>	17. Full Name: <input type="text"/>
8. Full Name: <input type="text"/>	18. Full Name: <input type="text"/>
9. Full Name: <input type="text"/>	19. Full Name: <input type="text"/>
10. Full Name: <input type="text"/>	20. Full Name: <input type="text"/>

4. Educators Eligible for Educator Account Privileges (continued):

21. Full Name: <input type="text"/>	31. Full Name: <input type="text"/>
22. Full Name: <input type="text"/>	32. Full Name: <input type="text"/>
23. Full Name: <input type="text"/>	33. Full Name: <input type="text"/>
24. Full Name: <input type="text"/>	34. Full Name: <input type="text"/>
25. Full Name: <input type="text"/>	35. Full Name: <input type="text"/>
26. Full Name: <input type="text"/>	36. Full Name: <input type="text"/>
27. Full Name: <input type="text"/>	37. Full Name: <input type="text"/>
28. Full Name: <input type="text"/>	38. Full Name: <input type="text"/>
29. Full Name: <input type="text"/>	39. Full Name: <input type="text"/>
30. Full Name: <input type="text"/>	40. Full Name: <input type="text"/>

5. Verification

I verify that the educators listed here are employees of my school or organization and authorize them to receive St. Louis Public Library Educator Accounts.

Note: Physically signing this application is not necessary as long as the email with the application attached comes from a school or organization email domain and your email signature lists your school or organization name and title.

Authorizing Official Name:

Signature (if needed):

Date:

Questions? Email customerservice@slpl.org or call them at 314-241-2288.