



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: \_\_\_\_\_                      11. Full Name: \_\_\_\_\_

2. Full Name: \_\_\_\_\_                      12. Full Name: \_\_\_\_\_

3. Full Name: \_\_\_\_\_                      13. Full Name: \_\_\_\_\_

4. Full Name: \_\_\_\_\_                      14. Full Name: \_\_\_\_\_

5. Full Name: \_\_\_\_\_                      15. Full Name: \_\_\_\_\_

6. Full Name: \_\_\_\_\_                      16. Full Name: \_\_\_\_\_

7. Full Name: \_\_\_\_\_                      17. Full Name: \_\_\_\_\_

8. Full Name: \_\_\_\_\_                      18. Full Name: \_\_\_\_\_

9. Full Name: \_\_\_\_\_                      19. Full Name: \_\_\_\_\_

10. Full Name: \_\_\_\_\_                      20. Full Name: \_\_\_\_\_

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

21. Full Name: _____	31. Full Name: _____
22. Full Name: _____	32. Full Name: _____
23. Full Name: _____	33. Full Name: _____
24. Full Name: _____	34. Full Name: _____
25. Full Name: _____	35. Full Name: _____
26. Full Name: _____	36. Full Name: _____
27. Full Name: _____	37. Full Name: _____
28. Full Name: _____	38. Full Name: _____
29. Full Name: _____	39. Full Name: _____
30. Full Name: _____	40. Full Name: _____

**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: \_\_\_\_\_

Title *(must be an administrator, instructional coach or librarian)*: \_\_\_\_\_

Signature *(if needed)*: \_\_\_\_\_

Date: \_\_\_\_\_

Questions? Email [customerservice@slpl.org](mailto:customerservice@slpl.org) or call them at 314-241-2288.