

**TEXAS LIBRARY SYSTEM MEMBERSHIP
PUBLIC SCHOOL LIBRARY APPLICATION (K-12)
SFY 2011**

DISTRICT INFORMATION

Name of District:

Current address:

City:

State:

ZIP Code:

Web Address:

Is District currently accredited?

DISTRICT LIBRARY COORDINATOR/MEDIA COORDINATOR CONTACT INFORMATION

Name:

Position:

Current address:

City:

State:

ZIP Code:

Phone:

E-mail:

Fax:

SIGNATURES

I authorize the verification of the information provided on this form. To the best of my knowledge and belief, data on this application is true and correct. The applicant will comply with the Texas Library Systems Act rules and regulations, as well as the by-laws of the applicable system.

Signature of Library Coordinator:

Date:

Signature of District Superintendent:

Date:

The following must be submitted, along with the application:

1. Texas Education Agency written documentation of accreditation.