

**Royal Oak School District Professional Registration for Royal Oak Public
Library Borrowing Privileges**

Name: _____

Address: _____

City: _____

Phone: _____

I acknowledge that I am an administrative or professional employee of the Royal Oak School District in the position of _____

Employee Signature

Date

Administrative Signature

Date

Administrator Name

Administrative Position

Please bring this form, completed, with you when you come to borrow materials from the library.