



Petoskey District Library Education Card Verification Form

To be filled out by Student/Parent/Legal Guardian

Student's Name:

Address:

To be filled out by School Personnel

I hereby verify that _____ has enrolled and is attending
(Student's Name)

_____ School for the _____ academic year.
(School Name) (Year)

School Personnel Signature: _____ Date: _____

Office Use Only: _____ (staff initials)