

ACCREDITATION IN STATE LIBRARY SYSTEM APPLICATION

Local Fiscal Year 2014

This form must be completed by public libraries applying for accreditation in the State Library System and submitted on or before April 30, 2015.

LIBRARY NAME: _____ CITY _____

Certification

The below signed certify, to the best of their ability, that the information contained in the library's annual report is complete and accurate for local fiscal year 2014.

All applicable signatures are necessary, based on library's legal establishment.

SIGNATURE of
(check one)

- Mayor
 - City Manager
 - District Board Chair
 - County Judge
 - School Superintendent
- Signatures of city secretaries, county clerks,
etc. will not be accepted.*

Typewritten or printed name

SIGNATURE of Head Librarian

Typewritten or printed name

SIGNATURE of Library Board Chair

Typewritten or printed name

Only one electronic copy needed. Scan and send by email to: vgreenwood@tsl.texas.gov, or fax to: (512) 936-2306