NORTHEAST KANSAS LIBRARY SYSTEM

Waiver Request:

Library Development Accreditation Program for Public Libraries – 2025

Standard #:			
Standard Title:			
Reason for Waiver:			
Plan for Achieving			
Standard:			
Timeline for			
Achieving Standard:			
Applicant Library:			
Signat	ture, Library Board Chair	Date	
C:	***		
Signat	ture, Library Director	Date	
NEKLS Office Use Only			
Date Received:		Date Approved:	
Notes:			