Form: 828289929

**OCLC 3rd Party Access Authorization Form (ILL Request Transfer)**

[Please fill out the fields electronically, print, sign and send to OCLC at ([orders@oclc.org](mailto:orders@oclc.org))

|  |  |  |  |
| --- | --- | --- | --- |
| **INSTITUTION INFORMATION** | | | |
| **Institution Name:** | **Department:** Click here to enter text. | **OCLC Symbol:** Click here to enter text. | |
| **Mailing Address:** Click here to enter text. | | | |
| **City:** Click here to enter text. | **State/Province:** Click here to enter text. | **Country:** Click here to enter text. | **Zip/Postal Code:** Click here to enter text. |
| **Institution’s Primary Contact** | | | |
| **Name:** Click here to enter text. | | **Title:** Click here to enter text. | |
| **Phone:** Click here to enter text. | **Fax:**Click here to enter text. | **Email:** Click here to enter text. | |
| **THIRD PARTY / VENDOR INFORMATION** | | | |
| **VENDOR 1 Name:** Ex Libris | | **Headquarters**  Michigan | |
| **OCLC Services Vendor 1 is authorized to access:**   1. Request Transfer 2. Click here to enter text. | | 1. Click here to enter text. | |
| **Vendor 1 Account Manager for Institution** | | | |
| **Name:**  Moshe Shechter | | **Title:** Senior Alma Product Manager | |
| **Phone:** +972-54-4593161 | **Fax:** Click here to enter text. | **Email:**  Moshe.Shechter@exlibrisgroup.com | |  |
| **VENDOR 2 Name:** Click here to enter text. | | **Headquarters** Click here to enter text. | |
| **OCLC Services Vendor 2 is authorized to access:**   1. ILL Request Transfer 2. Click here to enter text. | | 1. Click here to enter text. 2. Click here to enter text. | |
| **Vendor 2 Account Manager for Institution** | | | |
| **Name:** | | **Title:** Click here to enter text. | |
| **Phone:** Click here to enter text. | **Fax:**Click here to enter text. | **Email:** Click here to enter text. | |
| **NOTICE**: Institution permits OCLC to provide Vendor 1 access to the above services. | | | |
| |  |  | | --- | --- | | **Institution** | **OCLC** | |  |  | | Authorized Signature Date  Name/Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Authorized Signature Date  Name/Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  | | | |  | |  |