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)

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| **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. |
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| **Institution**  | **OCLC**  |
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| Authorized Signature Date Name/Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Authorized Signature Date Name/Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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