



Application for Lending Library Account

This application for an OCALI Lending Library account can be mailed or faxed. Once the application is received, you will be notified by email with your log-in information. Please **PRINT**.

First Name: _____ Last Name: _____

Street Address: (No PO Box) _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ County: _____

Email Address: _____

School District Name: _____ Facility Name: _____

Circle the role that best matches your role or profession:

- | | |
|--|---|
| Administrative-CEO/Executive Director/Director | Families-Family Member |
| Administrative-Curriculum Director | Families-Parent |
| Administrative-Principal | Families-Other |
| Administrative- Special Education Director/Coordinator | Health Care-Nurse |
| Administrative-Pupil Personnel Director/Coordinator | Health Care-Pediatrician |
| Administrative-Other | Health Care-Physician |
| Adult Services-Adult Day Program Provider | Health Care-Other |
| Adult Services-Adult Residential Provider | Higher Education-Instructor |
| Adult Services-DODD Support Service Administrator | Higher Education-Professor |
| Adult Services-Vocational Rehabilitation Counselor | Higher Education-Researcher |
| Adult Services-Vocational Services Provider | Higher Education-Undergraduate/Graduate Student |
| Adult Services-Other | Higher Education-Other |
| Business-Sales | Individual with Disability |
| Business-Public Relations/Marketing | Related Services-Behavior Specialist/Therapist |
| Business-Other | Related Services-Mental Health Provider |
| Early Childhood-Head Start | Related Services-Occupational Therapist |
| Early Childhood-Early Intervention Specialist | Related Services-Parent Advocate |
| Early Childhood-Preschool | Related Services-Parent Mentor |
| Early Childhood-Other | Related Services-Physical Therapist |
| K-12 Education-General Education | Related Services-Psychologist |
| K-12 Education-Para-educator/Instructional Assistant | Related Services-Speech/Language Pathologist |
| K-12 Education-Special Education/Intervention Specialist | Related Services-Social Worker |
| K-12 Education-Transition Specialist/Coordinator | Related Services-Technology Specialist |
| K-12 Education-Other | Related Services-Other |

Borrower's Agreement

I agree to observe all library rules and to be responsible for materials borrowed on my account. I agree to pay any charges assessed if materials I borrow are damaged or lost and I accept responsibility for any damage incurred to personal equipment resulting from use of the library materials.

I understand that the OCALI Lending Library serves a diverse population, and therefore, contains materials that some individuals may feel inappropriate for certain ages.

I am at least 18 years old and have a valid address to ship materials.

My signature indicates acceptance of the terms stated above.

Borrower's Signature: _____ Date: _____