



<b>Library Use Only:</b> Today's date: _____ Client code: _____
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## Application for Borrower's Account to OCECD State Parent Library

This application for an OCECD State Parent library account can be mailed, faxed or emailed. Once we receive your application, you will be notified of your account information by email or mail.

### TO BE COMPLETED BY APPLICANT (please print)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

*Please check one that best matches your role or profession:*

Parent/Family Member      Educator      Early Childhood/Preschool      Related Services

Home Address: \_\_\_\_\_ Apt. # \_\_\_\_\_  
(Mailing Address Where Materials Will Ship To/Picked Up Via USPS)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ County: \_\_\_\_\_  
Be sure to include area code

Email Address: \_\_\_\_\_

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### BORROWERS AGREEMENT

I agree to be responsible for materials borrowed on my account. I agree to pay any charges assessed, if materials are damaged or lost.

My signature indicates acceptance of the terms above.

X \_\_\_\_\_ Date: \_\_\_\_\_  
Borrowers Signature

Please mail, fax or email this form to OCECD. Emailed forms must include electronic signature.

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**Mailing address: OCECD, Martha Lause 165 W. Center St., Suite 302 Marion, OH 43302**

**Fax: 1-740-383-6421**

**Email [ocecd@ocecd.org](mailto:ocecd@ocecd.org)**