

Lending Library Application

The OCALI Lending Library is for Ohio residents only. This application can be mailed, faxed or scanned/mailed. Once the application is received and entered, you will be notified by email with your login credentials. Please **PRINT**.

First Name: _____

Last Name: _____

Street Address (No PO Box): _____

City: _____

State: **Ohio** Zip Code: _____

Phone: _____

Primary Email: _____

School District: _____

Licensure #: _____

Please choose a role/title that **best** matches your profession. Please select only one (1):

- Administrative – CEO/Executive Director/Director
- Administrative – Curriculum Director
- Administrative – Early Childhood
- Administrative – Early Intervention
- Administrative – Higher Education
- Administrative – Principal
- Administrative – Special Education Director/Coordinator
- Administrative – Pupil Personnel Director/Coordinator
- Administrative - Superintendent
- Administrative – Other
- Adult Services – Adult Day Program Provider
- Adult Services – Adult Residential Provider
- Adult Services – DODD Services and Supports Administrator
- Adult Services – Job Coach
- Adult Services – Vocational Rehabilitation Counselor
- Adult Services – Vocational Services Provider
- Adult Services – Other
- Business – Sales
- Business – Public Relations/Marketing
- Business – Other
- Early Childhood – Head Start
- Early Childhood – Early Intervention Specialist
- Early Childhood – Preschool
- Early Childhood – Other
- Early Intervention – Early Intervention Specialist
- Early Intervention – Service Coordinator
- Early Intervention - Other
- Families – Family Member
- Families – Parent
- Families – Other
- Health Care – Nurse
- Health Care – Pediatrician
- Health Care – Physician
- Health Care - Other
- Higher Education – Instructor
- Higher Education – Professor
- Higher Education – Researcher
- Higher Education – Undergraduate/Graduate Student
- Higher Education – Other
- Individual with a Disability
- K-12 Education – General Education
- K-12 Education – Paraprofessional/Instructional Assistant
- K-12 Education – Special Education/Intervention Specialist
- K-12 Education - Student
- K-12 Education – Transition Specialist/Coordinator
- K-12 Education – TOD – Teacher of Deaf
- K-12 Education – TVI – Teacher of the Visually Impaired
- K-12 Education – Other
- Related Services – Audiologist
- Related Services – Behavior Specialist/Therapist
- Related Services – COMS – Certified Orientation & Mobility
- Related Services - Interpreter
- Related Services – Mental Health Provider
- Related Services – Occupational Therapist
- Related Services – Parent Advocate
- Related Services – Parent Mentor
- Related Services – Physical Therapist
- Related Services – Psychologist
- Related Services – Speech-Language Pathologist
- Related Services – Social Worker
- Related Services – Support Staff
- Related Services – Technology Specialist
- Related Services - Transcriber
- Related Services – Other

Client 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 the use of 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 of age and have a valid address to ship materials.

My signature indicates acceptance of the terms stated above.

Client signature: _____ Date: _____