For Office Use Only

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Ogden Resource Center

Washington State School for the Blind
2310 East 13th Street Vancouver, WA 98661-4120
1-800-562-4176 x. 183 or 360-696-6321 x. 183
Fax 360-737-2120 / Email irc@wssb.wa.gov

Account Holder Registration Form

Application Date

1. Account Type

Select one of the boxes and complete the information for that selection.

☐ School District ☐ ESD ☐ Agency ☐ Private Non-Parochial

Name _____ District Number _____

2. Account Holder

Individual authorized to provide liaison function between the district or agency and Ogden Resource Center at WSSB. (Only one Account Holder per district.)

First Name _____ Middle Initial _____ Last Name _____

Email _____

Note: Your order confirmations and other ORC communications will go to this email.

Title (select best category below)

☐ Teacher of the VI ☐ Parapro ☐ Admin ☐ Other _____

Phone Number _____ Fax Number _____

3. Credentials

User Name _____ Password _____

Note: Please choose your own User Name and Password.

4. First Mailing Address

Materials and correspondence for the Account Holder will be mailed to this address. Other shipping addresses can be added to your online account.

Organization _____ Address 1 _____

Attention _____ Address 2 _____

City _____ State _____ Zip Code _____

Ogden
Resource Center

5. Account Holder Signature

I agree to serve as the Account Holder and assume the responsibility of having a system in place locally that provides for the tracking, care, and return of non-consumable books and materials in such a way that all borrowed books and materials are returned complete and in a condition that is considered "acceptable for re-use" according to the standard of care described in detail in the ORC Account Holder Booklet.

_____

Account Holder Signature

6. Signature of Superintendent or Designee

(Only if the account holder is not the Superintendent or Designee)

Superintendent, agency Administrator, Director of Special Education or other administrator who has authority for the program for students who are visually impaired and who would cause the requested non-consumable items to be accounted for and eventually returned, and who accepts the District's/Agency's financial responsibility related to missing or damaged books and materials.

_____ _____

Signature Title

_____ _____

Printed Name Date

7. Additional Email Address

Please include email addresses of others who will be accessing the site or ordering materials through this account. This will assure they are included when important information is sent throughout the year.

_____ _____

Name Email Address

_____ _____

Name Email Address

Return this form to:

Ogden Resource Center
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Upon receipt of this form ORC staff will set-up your account and email you when activated