Group Services Authorization		
Group Name:		
Each Group Member, including the Group Central Member (if participating in the Group), must complete a copy of this page if the Group Central Member does not have authority to act as agent for the Group.		
Group Member Address		
Institution:		
Network:		OCLC Symbol:
Department or Library	Street Address	
City:	State:	Zip or Postal Code:
Telephone (include area code):	Fax:	E-mail:
By signing below, Group Member: (i) orders OCLC Group Services as indicated by the Group Central Member on the Order Form of which this page 3 is a part; (ii) agrees to the OCLC Group Services Terms and Conditions; and (iii) consents to Group Central Member (or the lead party in any consortium in which Group Member is participating) accessing Group Member's OCLC EDX account (subject to OCLC's approval) for purposes of obtaining copies of MARC records and other files available via EDX for use by Group Member as part of OCLC Group Services.		
Authorized Signature		Date
Title		