

MARC RECORD EXPORT
AUTHORIZATION

TO: NOECA Library Services

DATE: _____

RE: Exporting MARC records

This signed authorization hereby gives NOECA permission
to create and provide a file containing the bibliographic data
in MARC format for my **library / district** to:
(circle one)

VENDOR NAME: _____

CONTACT NAME: _____

PHONE NUMBER: _____

This information will be used by the vendor exclusively for
the purpose authorized by my library.

District Librarian Signature: _____

Library / District Name: _____

For more information, contact NOECA
Library Services 419/627-1439 x255
Fax 419-627-5608