

SHARES Agreement Form

Please have this form signed by the OCLC Research Library Partner representative for your institution. Return the completed form with any other materials you have received as part of becoming an OCLC Research Library Partner, or as requested by OCLC Research.

_____ (Institution) will participate in the SHARES access partnership for the OCLC RLP program year July 1, _____, through June 30, _____. This signed agreement signifies our intention to make every reasonable effort to follow the rights, obligations, and responsibilities of SHARES participants. Those conditions will be made known to all concerned staff.

Our **SHARES liaison** for the year will be:

Name _____ Position _____

Address _____

Address _____

Phone _____ Fax _____

E-mail _____

The libraries at our institution that will be participating in the SHARES program are [include their OCLC Symbols when these have been assigned]:

_____	_____
_____	_____
_____	_____

Note special conditions, if any, that will apply to your institution's participation in SHARES (or describe them on a separate sheet and attach):

Date signed _____

By OCLC RLP representative _____

Mail the completed form to Ms. Jeanette McNicol, OCLC Research, 777 Mariners Island Bl., Ste. 550, San Mateo, CA 94404 USA. (For pre-submission inquiries, please contact Ms. McNicol at jeanette_mcnicol@oclc.org, with a subject line of: SHARES commitment inquiry.)

