

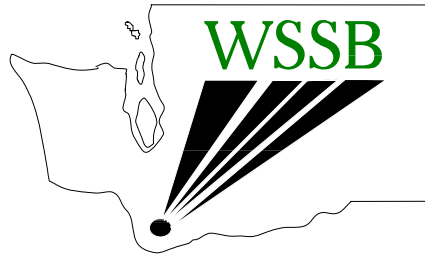
# Ogden Resource Center

formerly Instructional Resource Center &  
Braille Access Centers

Washington State School for the Blind  
2310 East 13<sup>th</sup> St.  
Vancouver, WA 98661

[www.wssb.wa.gov/irc/welcome.aspx](http://www.wssb.wa.gov/irc/welcome.aspx)

1-800-562-4176 x. 183



## ACCOUNT HOLDER REGISTRATION FORM

Application Date: \_\_\_\_\_

1. **Account Type:** Select **one** of the five boxes and complete the information for that selection.

- School District      Name \_\_\_\_\_ Number \_\_\_\_\_
- ESD      Number \_\_\_\_\_
- Agency (Describe)      Name \_\_\_\_\_
- Private Non-parochial      Name \_\_\_\_\_

2. **Individual authorized** to provide liaison function between the district/agency and Ogden Resource Center at WSSB.

ACCOUNT HOLDER: \*

First Name \_\_\_\_\_ Middle Initial \_\_\_\_

Last Name \_\_\_\_\_

Email address \_\_\_\_\_

Note: Your order confirmations and other ORC communications will go to this e-mail.

Title (select best category below)

- Teacher
- Parapro
- Administrator
- Parent
- Other \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\*Account Holder Signature \_\_\_\_\_

(Continued on back of form)

3. **User Name** \_\_\_\_\_ **Password** \_\_\_\_\_

Note: Please choose your own User Name and Password.

4. **First Mailing Address** (Where correspondence with Account Holder will be mailed)

Organization \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Attention \_\_\_\_\_

5. **Signature of Superintendent, Director of Special Education, or agency administrator authorizing the above designation\***. (Only if the account holder is not the Superintendent, Director of Special Education, or agency administrator.)

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

\* 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. **Only one account holder per district/agency.**

Return this form to: Ogden Resource Center  
Washington State School for the Blind  
2310 East 13<sup>th</sup> Street  
Vancouver, Washington 98661-4120

**Upon receipt of this form ORC staff will set-up your account and e-mail you when open.**