

## InPort Library Request Form

Please complete all fields on this form per instructions on the back of this form.

### Organization

Organization Name

Acronym

Org. Type

Description

Street Address

City

State/Province

Postal Code

Country

Phone

URL

Business Hours

### Library

Library Title

### InPort Data Steward (full information should be provided on the *InPort Person Registration Form*)

First Name  Last Name

Email Address  Phone

### InPort Librarian (full information should be provided on the *InPort Person Registration Form*)

First Name  Last Name

Email Address  Phone

By signing this request for an InPort Library, the InPort Data Steward for the above specified organization agrees to NOAA and NOAA Fisheries policies and guidelines with regard to Internet activities, computer account passwords, and data quality.

Authorizer's Signature

Date

Authorizer's Role

# Instructions for Completing the InPort Library Request Form

The InPort Library Request form must be completed and signed by the organization's authorizing agent (director, IT manager, etc.), and fax'ed or mailed to the InPort Administrator along with completed and signed InPort Person Registration forms for at least one InPort Data Steward and one InPort Librarian for the requested Library.

## Organization

*Organization Name* - the name of the organization

*Acronym* - an acronym of the organization

*Organization Type* - the selected organization type. [FIS (FIS Partner), FRO (Fisheries Regional Office), FSC (Fisheries Science Center)]

*Description* - a description of the organization

*Street Address* - the street address of the organization, including Suite# or P.O. Box

*City* - the city where the organization is based

*State/Province* - the state or province where the organization is based

*Postal Code* - the zip or postal code of the organization

*Country* - the country where the organization is based

*Phone* - phone number

*URL* - a Universal Resource Locator that can be used to reach the organization via the Internet

*Business Hours* - business hours of operation

## Library

*Library Title* - the proposed title of the new InPort Library

## InPort Data Steward

*Last Name* - last name of the person

*First Name* - first name of the person

*Email Address* - contact email address

*Phone* - contact phone number

## InPort Librarian

*Last Name* - last name of the person

*First Name* - first name of the person

*Email Address* - contact email address

*Phone* - contact phone number

## Authorization

*Authorizer's Signature* - signature of the individual authorizing this form [Director, IT Manager,, etc.]

*Date* - date the authorizer signed this form

*Authorizer's Role* - role that entitles the signer to authorize this form [Director, IT Manager, etc.]