



California Department of Alcohol & Drug Programs
Resource Center Lending Services
1700 K Street, First Floor
Sacramento, CA 95811- 4037
(916) 324-5439 or (800) 879-2772
FAX: (196) 323-1270

User Authorization Form

Please print and fill out completely.

Organization/Agency/Division Name: _____

Employee Name: _____

(Attach business card or letterhead stating position, with signature, to application)

 Last First Middle Initial

Supervisor Name: _____

 Last First Middle Initial

Agency Address: _____

 Street Address Suite/Cubicle #

City, State, Zip: _____

Agency Telephone Number: (____) _____ Fax: (____) _____

E-mail Address: _____

Please place me on the RC e-mail and posting mailing lists to receive updated information.

Please Read and Sign.

I agree to abide by Lending Service’s rules & policies, to pay all charges for lost or damaged materials accumulated on my authorized account and to notify Lending Services of any changes uncured. I understand my loaning privileges can be suspended and I also agree to be responsible for all costs of collections including Resource Center staff attorney fees, if applicable. I further agree that all charges and costs may be entered as a civil judgment against me and/or my organization.

Employee Signature Job Title Date

Supervisor Signature Job Title Date

For RC Lending Use Only!

Patron Number Issued: _____ Requestor Type: _____

Date: _____ Issued by: _____

Mail in original with signatures.