

## REQUEST FOR PERMISSION TO RELEASE INFORMATION

**Date:** -----

**Name of Institution** -----

**Address** -----

**Library Director** -----

The following institution has requested your permission for Nylink to release information about your institution:

<b>Institution</b>	<b>IDS Project</b>
<b>Address</b>	<b>1 College Circle, Geneseo, NY 14454</b>
<b>Name of Requester</b>	<b>Ed Rivenburgh</b>
<b>Email/Phone</b>	<b><a href="mailto:edr@geneseo.edu">edr@geneseo.edu</a> 585-245-5591</b>

**Purpose and Data requested:**

To further the goals of the IDS Project, read-only access to the following information is requested:

1. OCLC Custom Holdings
2. OCLC Direct Request Profiles
3. OCLC Deflection Settings

Please indicate whether you grant permission:

- I grant permission for the release of this data.
- I deny permission for the release of this data.

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Signature of Library Director

Date

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Institution

Thank you. PLEASE RETURN TO: Jon Penn  
Resource Sharing Librarian  
Nylink  
State University of New York  
SUNY Plaza  
Albany, NY 12246  
Fax 518-432-4346

**NYLINK CONFIDENTIALITY POLICY:** As a membership organization Nylink recognizes its obligation to maintain confidentiality regarding any data concerning a member institution that might be generated through interaction with Nylink. Nylink's policy is to not divulge such information that we view as proprietary to an individual institution without the specific prior consent of the institution's director. The only exception to this policy may be made when a third party entity purchases a service on behalf of a member institution: data may then be shared only as it relates to the service purchased.