

DVD/Video Request Form

Name: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Today's date: _____

Due date (14 days from today's date): _____

Materials borrowed: _____

Policy

I will abide by the policies set forth in the policy statement.

I understand that the copyright law of the United States (Title 17, U.S. Code) governs the reproduction of copyrighted materials. Most materials available for loan are produced by private institutions, associations and companies that are covered by this law. I SHALL NOT duplicate or otherwise reproduce these materials without the expressed written permission of the producer.

I understand that it is essential to return materials no later than the Due Date. Materials returned after the due-date are considered LATE. Upon my third LATE return my borrowing privileges will be canceled.

If I lose or damage the materials, I will be responsible for paying for their replacement.

I HAVE READ AND UNDERSTOOD THE ABOVE. I AGREE TO COMPLY WITH THE RULES AND POLICIES OF THE RESOURCE CENTER LOAN PROGRAM.

*****FAX request to (302) 762-3590*****