
TERMS OF SERVICE

WHO MAY BORROW DVDS

All DVDs listed in our film catalog are available to any responsible group or individual within the state of Arkansas.

AGREEMENT / BORROWING PROCEDURES

DVDs may be requested in person, mail, fax, e-mail, or by phone. All requests made by phone must be followed in writing (i.e. fax, letter, or e-mail).

The borrower is responsible for all materials checked out to him/her. Please do not loan these DVDs to anyone else. Also, the copyright law of the United States (Title 17, U.S. Code) governs the reproduction of copyrighted materials. Duplication or reproduction of these DVDs without the expressed written permission of the producer is prohibited.

If DVDs are lost or damaged, the borrower assumes the cost for replacement. Please report all damages or losses to the Arkansas Department of Labor and Licensing Media Center (501-682-4528).

DVDs are sent from the Department of Labor and Licensing via UPS. Borrowers should pay return-shipping costs via **a traceable express package service** (e.g., Federal Express, Airborne, or UPS). It is required that second day service be used to assure on-time return delivery of DVDs.

A maximum of **four (4)** DVDs may be checked out at one time. DVDs are loaned for a two-week time period. If you wish to keep the DVD for a longer period of time, contact the Media Center Librarian for an extension. If the desired DVD is not available at the time of request, the borrower's name will be placed on a waiting list for that DVD and he/she will be informed when the DVD becomes available. All individuals wishing to be placed on the waiting list must send in a fax, e-mail, or letter, stating that they wish to be placed on the waiting list for the DVD(s).

Please note the return date on the Loan Request Form. DVDs should be returned to the Media Center by the date indicated on the form unless an extension has been granted by the Arkansas Department of Labor and Licensing. Any DVDs returned after the due date is considered late. Upon (3) three late returns, borrowing privileges will be cancelled.

I have read and understand the above. I agree to comply with the rules and policies of the Media Center.

Today's Date: _____

Name: _____

Signature: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: () _____ Alternative Phone: () _____

Fax Number: () _____

Arkansas Department of Labor and Licensing

LOAN REQUEST FORM



Little Rock Media Center
 900 West Capitol Ave; Suite 400
 Little Rock, AR 72201
Media Librarian: Alicia A. Evans
 Office: 501-682-4528
 Fax: 501-682-4532
 Email: alicia.a.evans@arkansas.gov

| | |
|--|---|
| TODAY'S DATE | MEDIA CENTER/ LIBRARY REPORT |
| NAME OF RESPONSIBLE PERSON | <input type="checkbox"/> Fax Request <input type="checkbox"/> In Person <input type="checkbox"/> Mail Request <input type="checkbox"/> Email |
| NAME OF SCHOOL/ ORGANIZATION/ AGENCY | SHIPPING DATE: |
| STREET ADDRESS (Cannot ship to P.O. Box) | DUE BACK DATE |
| CITY/ STATE/ ZIP CODE | NUMBER OF DVDs MAILED |
| TELEPHONE NUMBER | LIBRARIAN'S INITIAL |
| FAX NUMBER | |
| E - MAIL ADDRESS | |

Would you like to be placed on the waiting list? Yes No

| | SHOW DATE | MEDIA CENTER/ LIBRARY REPORT |
|--------------------------------------|-----------|------------------------------|
| 1. (First Choice) DVD Name/ Number | | |
| 1a. Alternate DVD Name/ Number | | |
| 2. (Second Choice) DVD Name/Number | | |
| 2a. Alternate DVD Name/ Number | | |
| 3. (Third Choice) DVD Name/ Number | | |
| 3a. Alternate DVD Name/ Number | | |
| 4. (Fourth Choice) DVD Name / Number | | |
| 4a. Alternate DVD Name/ Number | | |

DVD must be returned by the **DUE DATE** shown above

SIGNATURE OF BORROWER _____ **DATE** _____