PLEASE COPY AS NEEDED

Tennessee Department of Health Laboratory Services
Instructional Audiovisual Materials Loan Request Form

Catalog Number	Title of the Program	Preferred Date

The loan period is two weeks. Requests will be filled one at a time.

PLEASE PRINT. This form must be filled out completely for your request to be filled.

_____/_____/_____
Last Name, First Middle

_____
Name of the Borrowing Institution

_____
Street City State Zip code

(_____)_____ (_____)_____
Business Phone No. + area code Alternate Number. + Area code

On behalf of my institution, I assume responsibility for the safe return of these materials to the Tennessee Department of Health Training Section. I agree to pay the cost of replacement for lost or damaged materials.

Name_____ Date _____

Mail your request to the address below or FAX to 615-262-6393.

Return to: Laboratory Services
Tennessee Dept of Health
630 Hart Lane
Nashville, TN 37247-0801

Updated: January 4, 2002