



Audiovisual Library
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MEDIA ORDER FORM	
<input type="checkbox"/> CHECK BOX FOR CHANGE OF ADDRESS	
Borrower's Name	User Number: Add if known; if not, leave blank.
Organization	Business Phone (include area code)
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If you supply us with your email address, we will forward information on your orders electronically and send e-mails on new acquisitions.	
Email	Fax (include area code)
<p>I acknowledge financial responsibility to the State of Texas should items requested below be lost, stolen or damaged from the date I receive the items until the materials have been received in the library. I understand that it is strongly recommended that items be insured on their return to the library and that, if I fail to do so, I will be charged the full replacement cost for all lost, stolen or damaged items. I have read and agree to the terms of the Statement of Responsibility.</p> <p>Privacy Notification: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See Notices of Privacy Practices for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004)</p>	
Signature:	Date:

English language media only?	Yes	No	Which media formats can you use? (Choose all that apply.)
Are your dates flexible?	Yes	No	

No.	Media Title	Catalog Number	Date to Receive	Date to Return
1	First choice			
	Alternate title or date			
2	First choice			
	Alternate title or date			
3	First choice			
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4	First choice			
	Alternate title or date			
5	First choice			
	Alternate title or date			
6	First choice			
	Alternate title or date			