



Audio-Visual Material Request

Date Requested: _____ Date to Be Returned: _____
up to 7 days

Name: _____

School/Department: _____

Phone Number: _____

STARS is asked to send the following materials to the above school:

Exact Name(s) of DVD

1. _____

2. _____

3. _____

Agreement

- ❖ I agree to return the listed material(s) in the same condition in which I receive it/them.
- ❖ I agree to return it/them via the Pony of Hamilton County Schools, by mail, or in person on or before the return date stated above.
- ❖ I understand I will not be allowed to check out any additional material from STARS until all prior materials have been returned.
- ❖ I have read the above information and hereby agree to take full responsibility.

Signature

Date

Fax this request to (423) 498-6662,
Pony to STARS at The Teachers'
Place, or ***Mail*** to STARS - The
Teachers' Place 1161 West 40th Street,
Suite 310 Chattanooga, TN 37409
Our phone number is 423-498-7221.

Office use only: Date sent: _____

By: _____

Date returned: _____

Rcvd By: _____