

(PLEASE PRINT THIS FORM AND COMPLETE)

CASHA's
LENDING LIBRARY
Record of Audio/Video Rental(s)

Name: _____
Address: _____
Home Phone #: _____ Work Phone #: _____
E-Mail Address: _____

Please indicate:

CASHA member _____ Non-member _____

Date of Request: _____
Number of Tapes Requested: _____
Title of Tape(s): _____

Date of return: _____
(3-week rental period)

This form is a *written request to borrow* from CASHA's lending library.

CASHA's rental policy is as follows:

1. **This request form should be completed and sent to the Lending Librarian:**
Melissa Hesler
1765 Lenox Rd.
Schenectady, NY 12308
2. **Please also send 2 checks: (Made payable to CASHA)**
 - a. Rental fee (Non-refundable): \$5.00 members, \$25.00 non-members, to cover the cost of postage, handouts, envelopes, etc.
 - b. Refundable security deposit of \$100.00 which will be held & cashed **ONLY** if tapes are not returned by the expected date of return noted above. When the tape(s) are returned in good condition, the borrower will receive the security deposit back in full.
 - c. **Please Note:** CASHA does not offer CEU's or NYS CC Hours through the lending library.
3. **Please insure and return the tapes in the same container as received.**
4. **Rental period is three weeks from the day the borrower received it. Extensions are granted upon request if possible.**

I agree to the terms of the CASHA audio/video rental policy:

Signature: _____
Date: _____