



Application

Training and Technical Assistance
VIDEO RESOURCE LIBRARY
www.csnlibrary.com

Name _____
Position _____
Agency or Health District _____
Address _____
Phone _____
E-mail _____

In order to access the Video Resource Library, it is necessary to have an application on file. Individuals who have an application on file will receive confirmation of their eligibility to request videotapes. This service is maintained by the Institute on Human Development and Disability at the University of Georgia.

There is no cost to borrow materials from the Library. Individuals who access materials assume responsibility for appropriate use of the materials and understand that copying of the material is prohibited by law. Persons are responsible for the proper care and use of the videos and for return (UPS, FedEx, or insured US Postal Service) within the specified time frame. In the event that the materials are damaged by the user, individuals are responsible for replacement costs.

I understand and agree to the terms outlined in this application for use of video materials from the CSN Video Resource Library.

Signature _____ Date _____

CSN Video Resource Library
IHDD/UGA
850 College Station Rd.
Athens, GA 30602-4806
Phone: (706) 583-0545
Fax: (706) 542-4815
carold@ihdd.uga.edu

Office Use Only
Date Received _____