

**Video Booking Request**

**Bookings must be made at least 48 hours in advance.**

**Current ID is required to check out.**

**Request for booking does not guarantee Availability.**

**Select One:** Choose an item.

**Last Name:** Click here to enter text. **First Name:** Click here to enter text.

**ID Number: (Required):** Click here to enter text. **E-Mail Address (Required):** Click here to enter text.

**Work Phone:** Click here to enter text. **2nd Contact Phone**: Click here to enter text.

All Videos must be picked up and returned at the ASK US Desk.

Faculty is responsible for replacement costs incurred when videos are not returned or are lost.

**Course Number:** Click here to enter text.

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| --- | --- | --- | --- |
| **Title** | **Call Number** | **Pick-up Date** | **Drop-Off Date** |
| Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter a date. |
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**Be Considerate of your Colleagues**

**Please return all videos in a timely manner**

**To send, copy and attach to EMAIL to:** **al-videoresources@ucdenver.edu**

**For answers Contact:**

**Rick Simons**

**(303) 556-3551**