



California Department of Health Care Services
Resource Center Lending Services
1700 K Street, First Floor
Sacramento, CA 95811-4037
(800) 879-2772
FAX: (916) 323-1270
E-mail: ResourceCenter@dhcs.ca.gov

Media Loan Request

Request Date: _____ Desired receipt date: _____

RUSH REQUEST JUSTIFICATION (for less than 2 weeks): _____

Requestor Name: _____ Telephone: (____) _____

Agency Name: _____

Agency Address: _____

City, State, Zip: _____

Fax: (____) _____ Patron No. (if known)

Preferred title selections:

1) _____

2) _____

Media Format*:

DVD VHS Lit. ** Other

DVD VHS Lit. Other

Alternates if first choices are not available:

1) _____

2) _____

3) _____

Media Format*:

DVD VHS Lit. Other

DVD VHS Lit. Other

DVD VHS Lit. Other

* Please circle both DVD/VHS if you have no preference of format

**Literature

Please allow 1-2 weeks for delivery.