

FAX TO: Sheila Cook @ 803-544-5110



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REQUEST FOR AUDIO TAPE

Tape Requested: _____

(Please request one tape per form)

Proposed viewing dates, in order of preference:

AS SOON AS POSSIBLE or

- (1) _____
- (2) _____
- (3) _____

NAME:
AGENCY:
ROOM/BLDG:
STREET:
CITY, STATE, ZIP:
TELEPHONE NBR:
E-MAIL ADDRESS:
FAX NBR:
WORKBOOKS NEEDED

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I understand that tapes and all workbooks must be returned on time by overnight service at my agency's expense.

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