

**Borrower Registration Form for  
Descriptive Video Service**

Utah State Library for the Blind and Disabled  
250 North 1950 West Suite A  
Salt Lake City Utah 84116-7901

Please print this form and mail it with the registration fee, to the Library.

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

I agree to borrow descriptive videos under the terms outlined in the Loan Policy for Descriptive Videos.

\_\_\_\_\_

Signature of Borrower

\_\_\_\_\_

Signature of parent or guardian if under 18