NAME: ____________________________________________

PHONE: ________________________________ EMAIL: ________________________________

DATE REQUEST WAS SUBMITTED: ____________________ DATE NEEDED BY: ____________________

* * * * * * * * * * *

MEDIA TITLE: ____________________________________________

MEDIA TO BE STREAMED:

VHS
Media Destination: W:/Students/0Teachers/ ________________________________
Whole Film Streamed? Yes / No
Film Clips Streamed?
  • Clip Start Time: ________ Clip End Time: ________

DVD
Media Destination: W:/Students/0Teachers/ ________________________________
Subtitles? Yes / No
Whole Film Streamed? Yes / No
Film Clips Streamed?
  • Clip Start Time: ________ Clip End Time: ________

MEDIA TO BE DUPLICATED:

DVD
Number of copies required: __________
Is this media copy-protected? Yes / No

MEDIA TO BE TRANSFERRED / CONVERTED / DIGITIZED:

VHS to DVD
MiniDV to DVD
MiniDV to CD
MiniDV to Computer Hard Drive:
Media Destination: W:/Students/0Teachers/ ________________________________
Audio Cassette to MP3 File
Media Destination: W:/Students/0Teachers/ ________________________________
Audio Cassette to Audio CD:
Number of Copies: ________

Other/specific __________________________________________________________________________
Number of Copies: ________

NOTIFIED OF COMPLETION BY: ________________________________ DATE: ____________________

RECEIVED BY: ____________________________________________

All media production requests will be processed in a timely manner. We want you to be satisfied with your project. If you have any questions or comments please call 804-828-2320.