AV COPYING REQUEST

Requestor’s Name: 
Department: 
Phone: 

Copy from: 
Name of event: 
Date of event: 
Location:

Copy to:  
VHS video tape  how many? _____  
DV mini tape  how many? _____  
Audio tape  how many? _____  
DVD/CDROM  how many? _____  

__ I have provided the blank media for copies (required)

Comments/Notes:

Picked Up by:  
Signature:  
Date:

LRC Use Only
Source:  
VHS video tape  __  DV mini tape  __  Audio tape  __  DVD/CD ROM
Request Received on:  
Initials:
Number of blank media provided:  
Initials:
Date Dubbed:  
Initials

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