Collins-Callaway Library and Learning Resources Center

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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