VIDEOGRAPHY REQUEST

Requestor’s Name:  
Department:  
Phone:  

___ I understand that requests may not be able to be scheduled if requested less than 3 business days in advance of the event.

Type of Event:  
___ Campus-wide  
___ Academic (curriculum related)  
___ Other __________________

Name of Event:  
Date of Event:  
Time of Event:  
Location of Event:  
Speaker’s Name:  

The original videotape will be properly documented and stored in the Video Archival section of the Learning Resources Center.

Comments/Notes:  

Picked up by:  
Signature:  
Date:  

LRC Use Only  
Request Confirmed:  
Initials:  