

DUPLICATION REQUEST



Mailstop: 25-6 Phone: 206-878-3710 Ext. 3241

Name of Requestor: _____

Department: _____

Phone/Extension: _____ Mailstop: _____

Email: _____

- Requestor will call Media Services
- Call requestor when completed, for pick up
- Signature of Requestor (please sign at pick up): _____

Date Received: _____

Date Required: _____

Date Completed: _____

Request Completed By: _____

Date Delivered to Mailstop: _____

Date picked up: _____

Title to be duplicated: _____

Length (minutes) of original master: _____

- Copyright Permission Letter supplied by requestor
- Original master supplied by requestor
- Original master supplied by Media Services
- Blank tape supplied by requestor
- Blank tape supplied by Media Services

Additional Instructions:

FROM: _____ ⇒ _____ TO: _____

Quantity	Format
	1/2" VHS
	Mini DV
	DV
	CD
	DVD
	(Other)

Quantity	Format
	1/2" VHS
	Mini DV
	DV
	CD
	DVD
	(Other)