Date Received:________________________
Date Required:______________________
Date Completed:______________________
Completed by:________________________

Name:________________________________ Phone:_____ Mail Stop:____
Department:________________________________________

Series Title:____________________________________
Program Title:____________________________________
Station Call Letters:______________________________
Channel:________________________________________
Date:___________________________________________
Time:________________________AM/PM
Length of program:______________________________

The above-mentioned program will be retained for a period not to exceed forty-five (45) calendar days after the date of recording. After the first ten (10) school days of the retention period, the recording will be used for instructor evaluation purposes only, and may not be used for student exhibition.

Upon conclusion of the retention period, Highline Community College must either license or erase all recordings of this program.

Signature:______________________________ Date:____________________