

**Language Media Center
Instructor Request for Services**

Instructor : _____ Date: _____
(first name) (last name)

Email address: _____ Phone number: _____

Department: _____ Name of course or project: _____

Note: If your request involves the duplication or digitization of copyrighted materials, please specify the type of permission you have obtained. Please attach written evidence of the permission. **We will not violate copyright laws.**

Type of request (please check):

_____ audio tape duplication _____ digitization audio tape _____ video tape conversion

_____ video tape duplication _____ digitization video tape _____ duplication of CD

_____ remove media from device; Name of device _____ number(s) _____

_____ burn CD from folder on server (Name of class: _____)

If this is a duplication, how many copies do you want? _____

CD creation: Audio CD? _____ Data CD? _____

Additional information for data CD: _____

Will you supply the original materials? Yes _____ No _____

Please describe the materials: _____

_____ Install software on all the computers in the _____ lab.

Software: _____ (Note: Allow one month for software installation request.)

_____ Other; please describe: _____

When do you need these materials? _____

When materials are ready: _____ I will pick them up.

_____ Please deliver to my office in _____
(Note: Allow 48 hours for delivery after completion of project.)

_____ Students will pick up. (\$1.00 per CD or tape.)

For Staff Use Only

Date started: _____ Staff member: _____

Date completed: _____

Comments: _____

Received by _____ (Date)
(Signature)