POST LIBRARY DUB REQUEST FORM

Date Requested: ___________________________  Date Due: ___________________________

Requested By: ___________________________________________  Phone: ________________________

Title/Titles: ___________________________________________  Year Produced: ________________

Copies: ____________________________________________

FORMAT

☐ VHS
☐ S-VHS
☐ MINI-DV
☐ DVCAM
☐ DVD
☐ BETA SP
☐ DIGI-BETA

SOUND

☐ STEREO/NORMAL
☐ STEREO/HI-FI
☐ 5.1 (4TH YEAR DVD ONLY)

LABELS/CASES

☐ HARD CASE
☐ PAPER CASE (SVHS/VHS)
☐ CD CASE
☐ PRINTED LABEL
☐ HANDWRITTEN LABEL

LABEL SPECIFICATIONS: ________________________________________________________________

• NEW DVD’S/COMPILATION DVD’S (WHICH INCLUDE FILMS NOT ON THE SERVER OR NOT
  PREVIOUSLY REQUESTED) WILL REQUIRE 4 WORKING DAYS NOTICE FOR EACH REQUEST.
• PREVIOUSLY REQUESTED DVD’S THAT HAVE NO COPIES AVAILABLE REQUIRE 2 WORKING DAYS
  NOTICE.
• ALL VHS/SVHS OR DIGITAL VIDEO DUBS OF ANY KIND REQUIRES 2 WORKING DAYS NOTICE.
• REQUESTS FILED AFTER 4PM WILL BE HANDLED THE FOLLOWING WORKDAY, WHICH WILL BE
  CONSIDERED THE FIRST DAY OF WORK ON THE REQUEST.
• ONE FORMAT REQUEST PER FORM.

Student/Staff/Faculty Signature ___________________________  Date ___________________________

Post Production Librarian Signature ___________________________  Date ___________________________