

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