

**Motion Picture/Television**

Course Name and Number:			
Prod. #:		Production Title:	
Producer:		Director:	

## VIDEO TAPE REQUISITION

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

 INSTRUCTIONAL

INSTRUCTOR: \_\_\_\_\_

 STUDENT PROJECT

PROD.#: \_\_\_\_\_

 OTHER: \_\_\_\_\_

PROJECT TITLE: \_\_\_\_\_

**VIDEO TAPE - LENGTH:**
 15 MIN     20 MIN     30 MIN     45 MIN     60 MIN     90 MIN     120 MIN

 OTHER: \_\_\_\_\_

**VIDEO TAPE - FORMAT:**
 8MM     BETA     DV-CAM     DVC-PRO     HD     MINI DV

 P-2 CARD     S-VHS     S-VHS-C     VHS     VHS-C

 OTHER: \_\_\_\_\_

DATE NEEDED: \_\_\_\_\_

DATE AND TIME OF PICK-UP: \_\_\_\_\_

 \_\_\_\_\_  
 Cinematographer

 \_\_\_\_\_  
 Date

 \_\_\_\_\_  
 Instructor (for class exercise) or Cinematography Mentor (for production)

 \_\_\_\_\_  
 Date

 \_\_\_\_\_  
 Production Coordinator or Head of Production

 \_\_\_\_\_  
 Date