

OFF-AIR TAPING/VIDEO DUPLICATION REQUEST FORM

Requestor: _____ Date Submitted: _____

School Building: _____ Phone #: _____

1. **VHS TAPE(s)** is provided by the **REQUESTOR** and **MUST** accompany this form.
 - If Media Technology Services provides the tape(s), a \$10 fee will be charged to the school's account.
2. Off-Air Taping must be requested at least 24 hours in advance - ***NO EXCEPTIONS***.

OFF-AIR PROGRAM TITLE:	CHANNEL:	AIR DATE(S):	TIME AIRED:	LENGTH:

Is the program part of a series (i.e.: Assignment: The World, Reading Rainbow)? YES / NO

If YES:

- How many programs are to be taped? _____
- Are ALL AIR DATES for each program listed above? YES / NO - *List additional air dates below*
- Do you want tape returned after each program? YES / NO
 - If YES, is the correct number of tapes accompanying this form? YES / NO
 - If NO, ALL programs will be taped and returned after series is completed.

VIDEO DUPLICATION TITLE:	LENGTH:	DATE WANTED:

ADDITIONAL AIR DATES & COMMENTS:

Oneida-Herkimer BOCES Media Technology Services
 502 Court Street
 Utica, New York 13502
 793-8514 or 1-800-765-4773

Work Order
Office Use Only
of T120 TAPES: R _____ B _____
of T60 TAPES: R _____ B _____
Dubbing Speed: SP LP SLP
of Pg's Taped: _____
Return Tape: _____
Additional Info:
Logged-In: _____
Initial: _____