

Language Media Center Instructor Request for Services

Instructor: _____ Date: _____
(First name) (Last name)

Email address: _____ Phone number: _____

Department: _____ Name of course or project: _____

Type of request (please check/specify)

Duplication*	<input type="checkbox"/> Audio tape <input type="checkbox"/> Video tape <input type="checkbox"/> CD/DVD	Describe the original material you will be supplying:
Digitization*	<input type="checkbox"/> Audio tape <input type="checkbox"/> Video tape	
Conversion	<input type="checkbox"/> Video tape	

* **IMPORTANT:** If your request involves the duplication or digitization of **copyrighted materials**, please make sure that you have a proper type of **permission** from the publisher. Please attach **written evidence** of the permission. **We will not violate copyright laws.**

Retrieve media from device (ex. Flip camera)	Name and number of device:	Which media format? <input type="checkbox"/> Audio CD* <input type="checkbox"/> Data CD/DVD* <input type="checkbox"/> USB drive**
Retrieve files from class folder on the server	Special instruction:	

* Data CDs and DVDs can only be accessed through computers and some newer CD players. Audio CDs can be played through any CD players and computers, but be advised that the original file names set by your students will be lost when transferred to audio CDs.

** Please return the USB drive to LMC after copying the files over to your personal computer.

Software installation on lab machines*	Location: <input type="checkbox"/> PC lab <input type="checkbox"/> Mac lab Software title: _____ How will we obtain the software? <input type="checkbox"/> I will provide a copy <input type="checkbox"/> It can be downloaded at http:// _____
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*Allow one month for software installation request. Also note that the software must have a **proper type of software license**.

If you are requesting to have CD/DVD(s) made, how many copies do you need? _____

When do you need these materials/installation? _____

- 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 their copies. (\$1.00 per CD or tape.)

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For Staff Use Only

Date started: _____ Staff member: _____

Date completed: _____

Comments: _____

Received by: _____ (Date)

(Signature)