

**Saint Mary's College Huisking Center
Video Recording Request Form**

Name _____ Today's Date _____

Email _____ Phone _____

Dept. _____

Event Title _____ Event Date _____

Event Location _____

Event Start Time _____ Event Stop Time _____

Purpose of Event (A signed release is required from guests. Contact the Huisking Center for a release form.)

- ☐ **Instructional** (staff or student)
☐ **Special Event** (guest lecture, artist or performance)
☐ **Administrative / Staff** (meeting, informational, administrative)

Copies of the Event: (select one)

- ☐ No copies needed (I will only need the original Mini-DV tape for my purposes)
☐ Please copy the unedited tape to final media (VHS, DVD) See below.
☐ The tape will need to be edited before creating final copies (Contact Huisking Center staff to discuss details)

Distribution of the Event (Select as many as apply)

- ☐ Please send _____ copies to _____
☐ Please prepare the event for possible cablecast on SMCTV Channel 2,
☐ Please prepare the event for possible web streaming on campus
☐ I will distribute copies of the event (indicate number and type of copies needed)

Number of Copies Needed: VHS ____ DVD ____ MiniDV ____ Other (specify) ____

<p>Materials: (check one below)</p> <p><input type="checkbox"/> Tapes / Disks for recording are attached. <i>Please rewind and label all media</i></p> <p><input type="checkbox"/> Huisking Center will provide and bill me for recording media</p>	<p>Special Instructions</p>
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Huisking Staff Use Only:

Materials	Qty	Price	Total	Technician Labor Hrs. Date completed:
Labor	Hours	Price	Total	Date Picked Up:
Notes	Total Materials			
	Total Labor			
	Job Total			

Recipient's Signature _____