Tape Copy Request Form

Title/description of production: _______________________________

Tape format: VHS S-VHS Mini DV Betamax

Today’s Date: ________________________________

Quantity of DVD copies: ________

Total due: _________________

Copy PRICES
$15.00 per DVD copy

For Office Use Only

Staff member accepting request: _____________ Date: ________________

Amount Received: _____________ Completed by: _______________________

Date completed: _____________ Date posted_______________

Date contacted: _________________

• Please allow two (2) weeks for a dub to be completed. Requests will not be accepted without payment. By signing below, the dub requestor agrees to the aforementioned prices and timeframes provided by UVC-TV 19. If there are any necessary changes or information which UVC-TV 19 is to be made aware of, please contact us at (413) 545-1336 or via e-mail at: UVCTV19@umass.edu

Please note we are unable to make copies of any copyrighted material, and do not edit the original footage.

Name: ____________________________________________________________

E-mail: ____________________________________________________________

Phone Number: ____________________________________________________

IF PAYING WITH SPEED TYPE, PLEASE FILL OUT INFORMATION ON REVERSE SIDE OF THIS FORM
SPEED TYPE PAYMENT

If paying by speed type, you must provide the information below and return this form to:

UVC-TV19
216 Student Union
UMass, Amherst 01002

The Student Engagement Business office will recharge your department directly.

Payment From (Dept., group, etc.)____________________________

Speed Key____________________________ Dept. ID____________________________

Account #______________________________ Fund______________________________

Description (include date and description of service):

<table>
<thead>
<tr>
<th>Qty.</th>
<th>Description</th>
<th>Unit $</th>
<th>Total</th>
</tr>
</thead>
</table>

Total Amount___________________

Name (print) ________________________________

Authorized Signature______________________________ Date____________________

Pay to UVC-TV19: Department ID A71390100 Speed Key 115296
Fund Code 51119

PROGRAM PICK UP

Signature: ___________________________ Date: __________________


