

DUB REQUEST FORM

TITLE OF PRODUCTION: _____

Length of Production (approx.): _____

Today's Date: _____

Would you like your copy made on: *PLEASE CHECK ONE*

VHS

DVD

*Please allow two (2) weeks for a dub to be completed. Additional time may be necessary to complete the dub. By signing this agreement, the requestor accepts this fact.

DUB PRICES

\$15.00 for EVERY production length!

\$25.00 for mail-in orders

For Office Use Only	
Staff Member accepting request: _____	_____
	print signature
Library Tape Number: _____	
Staff Member completing dub: _____	
	print
Total Amount Due: _____	Total Amount Received: _____
	initials

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@stuaq.umass.edu

Dub Requestor: _____

print signature

Dub Requestor's E-mail address: _____

PLEASE PRINT CLEARLY

Dub Requestor's Phone Number: _____

COMPLETED DUB RECEIVED BY: _____

date signature