



# Videotape Duplication Request

Video Services Unit—301-279-3906  
Department of Materials Management  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

**INSTRUCTIONS:** Complete this form and send one copy to Tape Duplication, Video Services. Retain a copy for your files.

## PART A: INFORMATION.

Requesting Office/School \_\_\_\_\_ School no. \_\_\_\_\_

Contact person \_\_\_\_\_ Telephone \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Room number \_\_\_\_\_ Date submitted \_\_\_\_/\_\_\_\_/\_\_\_\_ Date needed \_\_\_\_/\_\_\_\_/\_\_\_\_

## PART B: VIDEOTAPE DUPLICATION

Series title \_\_\_\_\_

Individual program title \_\_\_\_\_ Number \_\_\_\_\_

Project number (if available) \_\_\_\_\_ Program length \_\_\_\_\_

Master program provided:  VHS  DVC  DV Cassette  DVD

Number of requested copies and format \_\_\_\_\_ VHS \_\_\_\_\_ DVD

## PART C: OFF-AIR RECORDING (All information must be provided.)

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Channel \_\_\_\_ Time \_\_\_\_:\_\_\_\_ Length \_\_\_\_\_

Title of program \_\_\_\_\_

If program is a series, list start \_\_\_\_/\_\_\_\_/\_\_\_\_ and ending dates \_\_\_\_/\_\_\_\_/\_\_\_\_

## PART D: COMMENTS

### Video Services Only

Number of copies sent \_\_\_\_\_ Date sent \_\_\_\_/\_\_\_\_/\_\_\_\_ Initials of sender \_\_\_\_\_