

Educational Technology Services

DUBBING REQUEST PLEASE PRINT INFORMATION

Name:	Telephone:
Department:	Date Submitted:
Authorising Signature:	Date Required:
<i>I declare that the material submitted to the Centre for Media Resources for reproduction will not infringe copyright.</i>	
Signature: _____	
VIDEO DUBBING*	
No. Originals _____ Total no. of copies _____	
Source format	
<input type="checkbox"/> SB Betacam <input type="checkbox"/> BVU <input type="checkbox"/> DVCAM <input type="checkbox"/> VHS <input type="checkbox"/> S-VHS	
Output format	
<input type="checkbox"/> SB Betacam <input type="checkbox"/> BVU <input type="checkbox"/> DVCAM <input type="checkbox"/> VHS <input type="checkbox"/> S-VHS	
AUDIO DUBBING*	
<input type="checkbox"/> Analogue audio tape <input type="checkbox"/> Digital audio tape	
No. Originals _____ Total no. of copies _____	
Type: Mono _____ Stereo _____	
*Important: Details concerning length of tape to be duplicated must be clearly indicated on original to be copied, including start/stop location points.	