

For Office Use Only

Date *mm* __ __ *dd* __ __ *yr* _____

Order No. _____

Anderson Language Technology Center
Streaming Media Request Form for Faculty Course Reserves

Professor's Name:	Department:
Email:	Phone:
Course Name & Number e.g. HIST 1234:	Semester/Year:

Please list items to be made available as streaming video. List in order of priority.

Note: Only films available on DVD will be processed.

DVD Title	Author/Director	Subtitles Desired (If available)

Please read and sign the following Copyright Acknowledgement:

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Signature (Required) _____ Date _____