

Media Services Form

Today's Date: _____ Today's Time: _____ (am/pm)

Name: _____

Record Off-Air TV Program

Date: _____ Time: _____ (am/pm)

Name of Program: _____

Channel: _____

Starting Time (hour: minute: second) _____ : _____ : _____

End Time (hour: minute: second) _____ : _____ : _____

Total Length: _____ Format: _____

Transfer From:

To:

___ 35mm Slide

___ CD

___ Audio Cassette

___ DVD

___ Digital Video Cassette

___ Other: _____

___ LP

___ VHS

___ Other: _____

Duplicate From:

To:

___ Audio Cassette

___ CD

___ CD

___ DVD

___ DVD

___ Other: _____

___ VHS

Video Record

Date: _____ Time: _____ (am/pm)

___ My Class: Length (hour: minute: second) _____ : _____ : _____

___ Activity: _____

___ Event: _____

___ Sport: _____

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Video Record

Date: _____ Time: _____ (am/pm)

___ My Class: Length (hour: minute: second) _____ : _____ : _____

___ Activity: _____

___ Event: _____

___ Sport: _____