

DVD Captioning Request Form

Instructor Name:		
Instructor Contact Info:		
Email:		
Office Phone:		
Alternate Phone:		
This captioned DVD will be used for:		
Class #		Section #
Room #	# stu	dents in class
Name of video:		
Publication Year:		
Publisher:		
Video Length:		
Н	ours : Minutes	
Preferred Date to Receive Captioned DVD:		

Bring completed form to Patricia Torres, Library Room L220

Please be aware that captioning may require approximately 4 to 6 weeks.