Closed Captioning Request Form

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| --- | --- |
| **Contact Name:** |  |
| **Contact Phone:** |  |
| **Contact Email:** |  |
| **Video Media (VHS, CD, DVD, Digital file):** |  |
| **Video Title:** |  |
| **Video Length (in minutes):** |  |
| **Transcript Provided? (yes/no):** |  |
| **Chart Field String to Charge:** |  |

|  |  |
| --- | --- |
| **[[1]](#endnote-1)Signature of Budget Authority for Account:** |  |
| **Special Instructions:** |  |

**Copyright:** By signing below, I acknowledge that I must provide a copyright release for any material that is protected by copyright.

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| **Your Signature****Copyright Acknowledgement:** |  |

1. \* If using the President’s funds for captioning, your Dean must sign the “Signature of Budget Authority” line. [↑](#endnote-ref-1)