

Cape Fear Community College
Learning Resources Center

TAPING REQUEST FORM

Date Requested: _____ Date Needed: _____
(1 week notice required)

Title of Media: _____

Name of Requester: _____ Course: _____

Address: _____

Phone: (home) _____ (work) _____

Recording Information:

Audio Cassette _____ ½ Video Cassette _____ DVD _____

Authorized Signatures

(Supervisor)

(Date)

(LRC Director)

(Date)

NOTICE

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(Signature of Requester)

(Date)