



## Student special request for recording and/or production services

Requested by: \_\_\_\_\_ Date of request: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please answer questions below, and return to Steve Dehner, Room 125.**

1. What do you need, and why do you need it: \_\_\_\_\_

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2. What is the expected final product (a DVD, for example), and where does it need to go:

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**Please note that you must get the instructor's permission before recording a lecture. If there is a guest speaker, you must get that person's permission as well. Ask the instructor to sign this document below, and if there is a guest speaker, get that person to sign the attached guest speaker permission form. Return all forms to Steve Dehner's office.**

### Permission to record:

I hereby grant permission to record for educational purposes, my class lecture (or guest speaker) as noted above. The recording is for the education of students and not for advising patients or for self treatment. This permission is revocable and extends to the aforementioned course only.

Faculty signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Date: \_\_\_\_\_