

I: Client Information

CLIENT NAME: _____ DATE: _____
 ADDRESS: _____
 CITY, STATE, ZIP: _____
 PHONE: _____ E-MAIL: _____
 STUDENT ID #: _____ DATE NEEDED: _____



II: TRANSFER FROM:

PROGRAM TITLE:

FILM: 35mm 16mm Number Of Reels _____ Total Length _____
 Negative Positive Interpositive Other _____
AUDIO: Composite Optical/Mag DA88 Other _____
COMMENTS: (Aspect Ration, Matte, Stereo, Etc.) _____



III: TRANSFER TO: (SPECIFY QUANTITY)

Digital Beta _____ Beta SP _____ 1/2" VHS _____ 3/4" Umatic _____
 Comments: _____



IV: TIME CODE AND WINDOWS:

Time Code: NON DROP *DROP
*NON DROP is generally used for editing purposes
Windows: Key Code Footage Time Code
 NON VISIBLE VISIBLE

Window Placement, PLEASE BE SPECIFIC FOR EACH VIDEOTAPE TO BE RECORDED ON _____



OFFICE USE ONLY

Scheduled By: _____ Scheduled Transfer Date & Time: _____
 Equipment / Special Setup Needed for Session: _____