

# Digital Video Services Request Form

Complete and attach this form to the media to be converted; VHS Tape/DVD etc....

Name \_\_\_\_\_

Department \_\_\_\_\_

Phone Number \_\_\_\_\_

**Service (please check all that apply):**

- Video Capture from VHS
- Video Capture from DVD
- Audio Capture from VHS
- Audio Capture from DVD
- Other

**Digitizing/converting content by CIT will take seven to ten days to complete, depending on the complexity of the conversion. Timeframes for other services such as video creation/production will vary by project.**

**Describe your request:**

Please describe in detail your request. Include timings for the capture of video clips etc...

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**How is the finished video going to be used?** (e.g. on the web, dvd, webct, PowerPoint etc...)

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**Where should the video/media be placed?**

If WebCT Vista please describe **in detail** the location including the course name (ex NUR-1103-001) and the **exact location** where the file should be placed in the course.

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By signing this form and requesting that this work be completed, I acknowledge and agree that;

(i) I have carefully reviewed the University's Copyright Educational Materials ([http://www3.villanova.edu/ogc/educational\\_materials.html](http://www3.villanova.edu/ogc/educational_materials.html)), (ii) my request and the proposed use of the copied work complies with the University's copyright policy ([http://www3.villanova.edu/ogc/copyright\\_policy.html](http://www3.villanova.edu/ogc/copyright_policy.html)) and applicable copyright law, (iii) if permission of the copyright holder is required, I have obtained and will maintain written documentation of such permission, (iv) if I am relying on the "fair use" exception, I have applied the "four factors" test in an scrupulous, objective manner and consulted with the Office of Academic Affairs regarding any questions or concerns, and (v) I take personal responsibility for any noncompliance. Requests can not be processed with out a signature.

**Signature of Requestor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Internal Use Only**

CIT Contact \_\_\_\_\_ Consultant \_\_\_\_\_ W/O # \_\_\_\_\_