

**Faculty Resource Center
Request for Services**

Name _____ Department _____

Date _____ Phone _____

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Media production:

<input type="checkbox"/> DVD/CD	Comments _____ _____ _____ _____ _____
<input type="checkbox"/> Printing B&W	
<input type="checkbox"/> Printing color	
<input type="checkbox"/> Printing photo	
<input type="checkbox"/> Printing transparency	
<input type="checkbox"/> Printing Slide	
<input type="checkbox"/> Video streaming QT	_____
<input type="checkbox"/> Video streaming WM	_____

Scanning	Comments _____ _____ _____
<input type="checkbox"/> Document	
<input type="checkbox"/> Photo	
<input type="checkbox"/> Slide	

Original converted to:	Comments _____ _____ _____ _____ _____
<input type="checkbox"/> PDF	
<input type="checkbox"/> Word	
<input type="checkbox"/> JPEG	
<input type="checkbox"/> GIF	
<input type="checkbox"/> Other	

<input type="checkbox"/> Consultation	Comments _____ _____ _____ _____ _____