WIDENER UNIVERSITY
DELWARE CAMPUS
MEDIA SERVICES REQUEST FORM

This Request form should be submitted five days in advance. Requests will be scheduled in order of receipt by Media center.

Date of Request ___________________ Date of Event ________________________

Name ________________________________________________________________

Telephone______________________ Student Mailbox # ________________

STATUS: (Check One) ___Administration ___Faculty ___Staff ___Student ___Other ____________________

DEPT: (Check One) ___Law School ___L.E.I ___Grad. Business School ___UC ___WC ___Other ______

Course: _______________________________________________________________________

Organization: __________________________________________________________________

Building/Room: __________________________________________________________________

Time: From __________________ Until __________________

EQUIPMENT/SERVICES NEEDED: (Check all that apply)

Is an Operator needed? ___Yes ___No

___Audio Cassette Recorder/Player ___Overhead Projector

___CD Player ___Slide Projector (35mm)

___Cellular Phone* ___Speaker phone

___Film Projector (16mm) ___Television

___Lamination* ___Video Camera

___Laser Disc Player ___Video Cassette Recorder (VCR)

___LAP TOP (Computer) ___Videoconference

___LCD Projector ___Videotape Duplication

___Microphone ___Other

Comments: ___________________________________________________________________

____________________________________________________________________________

*Faculty and Administration use only

Received ____________________