



Bakersfield City School District
 Education Center – 1300 Baker Street
 Bakersfield, CA 93305

Communications

Video Taping Request – One Time Event

Please submit **two weeks** in advance of taping to Public Information & Communications Manager.

Date of Requested Taping: _____ Time: From _____ To _____

School/Department: _____ Location: _____

Purpose of Taping: _____

Other Video Services

(Note: As this requires a significant time investment, complete video packages will be produced on time available and relevance to district programs.)

Project: _____ Due Date: _____

Details: _____

Video Duplication Request

Duplication or alteration of copyrighted material required written permission from the copyright holder. Communications will provide up to 250 CD or DVD dubs per project at no cost.

Project Title: _____ Number of Copies: _____

Copies returned to: _____ Format: CD DVD

School/Department: _____ Due Date: _____

Person Requesting: _____ Position/Title: _____

School/Department: _____ Phone/Extension: _____

Principal/Department Head Requesting **Date**

Approved: Public Information & Communications Manager **Date**

Copies: *Original – Communications*
A copy of the approved request will be returned to the originator.