



# HARVARD LAW SCHOOL MEDIA SERVICES

Organizations outside Harvard  
University should make checks  
payable to:  
Harvard Law School Media  
Services

DUPLICATION REQUEST FORM

## CONTACT INFORMATION

*Please print clearly*

Student / Professor / Staff \_\_\_\_\_

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

E-Mail \_\_\_\_\_

Department / Organization \_\_\_\_\_

When completed, please contact me by:     E-Mail     Telephone

## HARVARD BILLING CODE

*Required for any request not directly tied to a class*

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Name of Event \_\_\_\_\_

Original Format		Destination Format		Date Requested
<input type="checkbox"/> VHS	# of Tapes _____	<input type="checkbox"/> VHS	# of Copies _____	_____
<input type="checkbox"/> MiniDV	# of Tapes _____	<input type="checkbox"/> MiniDV	# of Copies _____	
<input type="checkbox"/> DV	# of Tapes _____	<input type="checkbox"/> DV	# of Copies _____	<b>Date Needed</b>
<input type="checkbox"/> DVD	# of Discs _____	<input type="checkbox"/> DVD	# of Copies _____	_____
<input type="checkbox"/> CD	# of Discs _____	<input type="checkbox"/> CD	# of Copies _____	
<input type="checkbox"/> OTHER	# of Items _____	<input type="checkbox"/> OTHER	# of Items _____	

## DUPLICATION LOG

DATE STARTED: _____ MEDIA TECH: _____	DATE COMPLETED: _____ MEDIA TECH: _____	<input type="checkbox"/> CLIENT NOTIFIED <input type="checkbox"/> PICKED UP DATE: _____
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**TECHNICIAN: Please make any special notes on reverse side of page**