

United I.S.D.
Instructional Television Department



**VIDEO PRODUCTION
REQUEST FORM**



Date of Video Request : _____

Time of Event: _____

Campus/Department Name : _____

Location of Video Production: _____

DESCRIPTION OF EVENT

WHO: _____

WHEN: _____

WHERE: _____

WHAT: _____

WHY: _____

CONTACT PERSON: _____

PHONE NUMBER: _____

**PLEASE FAX OR E-MAIL THE VIDEO PRODUCTION REQUEST FORM TO
SUSAN E. CARLSON, DIRECTOR OF ITV AT SCARLSON @UISD.NET OR FAX TO 6282**

**THE VIDEO PRODUCTION REQUEST FORM MUST BE RECEIVED AT LEAST
ONE WEEK BEFORE SCHEDULED EVENT**

Video recorded as a result of this request will be produced and edited by the
Instructional Television Department.

Videos may be shown on local television stations, including the Public Access Channel (PAC)
unless otherwise specified.

**You may contact the Instructional Television Department
Susan Carlson 6371, Robert Nino 6295, Ana Prado 6244, Fax 6282**