DL Event/Capture

Request Form

**Faculty/Staff Name**:

**Phone Number:**

**Course ID &**

**Session #,** or

**Event Title**:

**Email:**

**Date/Time/Room** requesting (Please include start and end time):

**Please tell us the reason** for this request:

*Recorded content will be made available to designee listed above as a URL generated from within the LC system, accessible immediately to faculty member for distribution. Non-faculty will be emailed this URL within 24 hours post-recording;* ***if you need other accommodations, please describe them below*:**

**Special Instructions/Technology Needs** (i.e., software/hardware needs, requests for assistance with set up/training prior to event, etc.):

Videographer:

Room Number:

**Distributed? \_\_\_\_\_\_**

Will this event be recorded? Yes \_\_\_\_\_ No \_\_\_\_\_

Does this event need any of the following: Webcasting \_\_\_\_ Moderation \_\_\_\_

Does

**By submitting this form you are making a request to schedule an event; should your needs change, please contact us immediately in order to cancel your request. Your request form will be reviewed and responded to by Dr. Restauri . An email will be sent to you to confirm your request prior to your event.**

**DL Office Use Only**

Special Instructions: