

DL Event/Capture Request Form

Faculty/Staff Name: _____

Phone Number: _____

Course ID & Session #, or Event Title: _____

Email: _____

Will this event be recorded? Yes _____ No _____

Does this event need any of the following: Webcasting _____ Moderation _____

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.):

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

Videographer: _____ Room Number: _____

Special Instructions: _____

Distributed? _____