



**Danville
Area
Community
College**

Instructional Media Center Service Request Form

Check box for desired service

- | | |
|---|---|
| <input type="checkbox"/> VHS to DVD Transfer | <input type="checkbox"/> Equipment Repair |
| <input type="checkbox"/> DVD & CD Duplication | <input type="checkbox"/> Lamination |
| <input type="checkbox"/> Audio Tape Duplication | <input type="checkbox"/> TV Broadcast Recording |
| <input type="checkbox"/> Equipment Setup | <input type="checkbox"/> Video Production |
| <input type="checkbox"/> Video Conferencing | <input type="checkbox"/> Video Editing |

Please fill in all six areas so that we may service your request promptly.

Service Date: _____

Service
Time: _____

Name: _____

Phone:
or E-Mail: _____

Department: _____

Location: _____

Additional Information: _____