

VIDEO PRODUCTION REQUEST FORM

Ozarks Technical Community College, Media Services Department
Kristina Bridges-Templeton 447-8183, bridgesk@otc.edu

Requested by: _____ Requestor Email Address: _____

Department: _____

Phone Number: Work: _____ Cell: _____

Date Requested: _____

Project Deadline: _____ Taping Date and Time: _____

Budget Code: (For Materials Needed in Editing Process): _____

Approved by Media Services Department: _____

Project Information

(You are responsible for providing the following)

Project Description/Subject Matter: _____

Objective: _____

Target Audience: _____

Length of Project/Video: _____

Final Output Medium: ___ DVD ___ CD ___ iPod ___ VHS ___ File (File Format/Extension: _____)

Script: **(Please attach)** (You are responsible for the Script)

Location of Video or Audio Recording: _____

Photos (Method Provided): ___ Email ___ CD ___ Network Folder ___ None ___ Hard Copies

Images (Method Provided): ___ Email ___ CD ___ Network Folder ___ None ___ Hard Copies

Musical Accompaniment (Method Provided): ___ Email ___ CD ___ Network Folder ___ None

Narrators: _____

Misc. Footage (other than video shot by Media Service): _____

Media Production Days are Monday-Friday. (Unless coordinated with the Media Services Office)

We need all of this information filled out to the best of your abilities in order to process this request. Please attach all of the Project Information. We are willing to discuss this request form to help you accumulate the information needed. It is important for our team to receive this request in a timely manner. A few weeks are needed to fulfill your request. Videos are done on a first come first served basis.