Video Production Request Form Communications & Marketing (Please complete and return to Gayle Scott)

Request Date:		Expected Completion Da	ite:		
Requested by:					
Interviewer: (name)					
Project Description:					
Studio or Location:					
How/Where will video be used/shown and what format/length:					
Voice Talent: (male/female/ specific person)					
Any additional details:					
EXTERNAL PARTNER(S)					
School/Compan		School/Company Co	ontact(s):		
Address:					
		(City)		State)	(Zip)
E-mail address:			Phone:		
Below will be completed by ETR Office Staff					
Shoot Date:					
Shoot Date:					
Producer:					
Producer: Other staff to work on					
Producer: Other staff to work on project: Directions to Location: (if to be shot on					