

AGNES SCOTT COLLEGE VIDEO REQUEST FORM



Contact Information:

Name: _____ Office/Organization: _____ Phone: _____
Email: _____ Date: _____

Working Title of Video Project: _____

Briefly describe your video project:

What are the intended uses for this Video Project? Check all that apply:

____ Instructional ____ Advertising ____ Broadcast ____ Marketing /PR/Promotional ____ Recruitment

Pre-Production/Production needs:

Shooting location(s) if applicable: _____ Date(s): _____

Do you have or require a script? Yes / No Do you have a shooting schedule? Yes / No

Post –Production needs (check all that apply):

- Archive: Non edited footage straight to a DVD Rough cut: Editing of video without titles and graphics
 Full Edit: Editing of video with titles and graphics

How many copies of the Video Project will be required and in what format?

____ DVD ____ CD ____ Other (please explain)

Where will the Video Project be shown?

- Web Site (please specify) On-Campus (please specify where) Off-Campus Archives Other: _____

What is the intended length of Final Video Project?

____ 30 Seconds ____ 60 Seconds ____ Minutes (write in number) ____ Hours(write in number) _____

Please check the boxes and sign below

- I acknowledge that change orders, added shooting, lengthy editing sessions, or a change in the number of copies for distribution will affect the deadline and final cost of this Video Project.
 If funding is needed, I have a funding source identified and any extraordinary costs and those costs beyond the scope of services traditionally provided free-of-charge by Educational Technology Services. (PLEASE NOTE: Before any work begins, an estimate of charges will be provided to Budget Manager/Contact Person for approval.

Client Signature: _____

Educational Technology Services Manager: _____

Senior Director of Communications: _____

EMAIL completed form with client signature to egwynn@agnesscott.edu or call x6313 with questions.