

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

<b>Request Date:</b>		<b>Expected Completion Date:</b>
<b>Requested by:</b>		
<b>Interviewer: (name)</b>		
<b>Project Description:</b>		
<b>Studio or Location:</b>		
<b>How/Where will video be used/shown and what format/length:</b>		
<b>Voice Talent: (male/female/ specific person)</b>		
<b>Any additional details:</b>		
<b>EXTERNAL PARTNER(S)</b>		
<b>School/Company &amp; Address:</b>	<b>School/Company Contact(s):</b>	
<b>Address:</b>		
(City) (State) (Zip)		
<b>E-mail address:</b>		<b>Phone:</b>

<b>Below will be completed by ETR Office Staff</b>	
<b>Shoot Date:</b>	
<b>Producer:</b>	
<b>Other staff to work on project:</b>	
<b>Directions to Location: (if to be shot on location)</b>	
<b>Vehicle Reserved:</b>	
<b>Graphics:</b>	