

Digital Media Center
Transfer/Duplication Request Form

Today's Date: _____

Date Needed: _____

Name: _____

Signature: _____

Department: _____

Position: _____

Phone Number/Ext: _____

Email Address: _____

Type of Request: _____

Description of Request:

**Please allow two weeks to process your request.
Please provide your own tape or disk (DVD-R disks work best).
After completing the form, email to ewalton@wcupa.edu as an attachment.**

For DMC use:
Completed by: _____ **Date:** _____