AUDIO-VIDEO REPRODUCTION REQUEST FORM

THIS REQUEST IS FOR ☐ **PERSONAL USE**   ☐ **PUBLICATION/COMMERCIAL USE (PLEASE COMPLETE PAGE 2 IF SELECTED)**

NAME	DATE NEEDED
INSTITUTION OR COMPANY	
ADDRESS	

CITY	STATE/COUNTRY	ZIP CODE
PHONE	EMAIL	

A SUMMARY OF COSTS IS AVAILABLE AT HTTP://WWW.LIBRARY.PITT.EDU/ASC-ORDERING-REPRODUCTIONS

CONTENT IDENTIFICATION INFORMATION			FORMAT DUPLICATION					COST
Item Identifier	Collection	Title of Item	Oral History Interview	Audio or Video Tape Duplication	Audio/Film/ Video Transfer	CD/ DVD Copy	MP3/ WAV/AVI/ MP4/Other	

SUB-TOTAL _____

SHIPPING _____

By signing, I agree to abide by the policies and guidelines (see next page) of the University Library System, University of Pittsburgh.

Signature: _____ Date: _____

TOTAL _____

☐ Illustration for publication or presentation (non-exclusive):
    ☐ Publication (printed matter, electronic) ☐ Website (Internet, intranet) ☐ Broadcast (radio, television)
    ☐ Multimedia Production (CD/DVD, video, film) ☐ Exhibit
    ☐ Social Media _____ ☐ Other _____

Title of Publication/Presentation _____

Publisher/Producer_____ Expected Publication/Release Date _____

Print Run _____ Languages _____

Other _____

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