



MEDIA REQUEST

Date _____ Extension _____

Requested by _____ Print _____ Dept/Division _____

Please attach copies of any information you may have regarding this media, such as order form, flyer, media catalog, etc.

Media Title _____

Format *(Must purchase DVD or Blu-Ray (if available), with captions (if possible)).*

- BLU-RAY
- DVD
- VHS
- Other _____

Vendor _____

Address _____

City, State, Zip _____

Phone Number _____

For Office Use Only

Media received

_____ Date

_____ Initials

Additional Titles From Same Vendor

Signature of Requestor _____

For Office Use Only

Notations _____

FAX (661) 722-6452

Phone (661) 722-6451