

# Oklahoma State Department of Health

## Office of Communications – Video Service

### CONVERSION REQUEST FORM

Requesting Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Service/Office: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

*The office of Communications does not charge for services. However, you are required to furnish your own tape DVD or CD.*

*NOTE: It is against the Federal Copyright Law (Title 17, United States Code, Sections 501 & 506) to duplicate copyrighted tapes without the permission of the copyright owner. It is the requesting party's responsibility to procure and maintain written permission from the copyright owner when applicable.*

### Conversion:

**Convert From** (*check one*)  Video Tape  Audio Tape  DVD  CD  VCD

**Convert To** (*check one*)  Video Tape  Audio Tape  DVD  CD  VCD

Digital Video File (type of file \_\_\_\_\_).

Digital Audio File (type of file \_\_\_\_\_).

How many copies? \_\_\_\_\_ each of \_\_\_\_\_ converted file(s)

What is the name/title(s) of your ORIGINAL tape(s)? \_\_\_\_\_

### Further instructions/explanations (if needed):

---

---

---

---

---

---

How you would you like the label on your video copy(s) to read (use box below)?

Signature (Requesting Person): \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Date Completed: \_\_\_\_\_