

Oklahoma State Department of Health

Office of Communications – Video Service SATELLITE BROADCAST RECORDING REQUEST FORM

[Please provide blank tape stock for your recording request]

Requesting Person: _____ Phone #: _____

Service/Office: _____

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

*NOTE: It is against the **Federal Copyright Law (Title 17, United States Code, Sections 501 & 506)** to record copyrighted satellite broadcasts 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.*

The Name/Title of the Satellite Broadcast:

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Date of Broadcast: _____

Length of Broadcast: _____

Further instructions/explanations (if needed): _____

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

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Signature (Requesting Person): _____

Date Submitted: _____ Date Completed: _____