

Oklahoma State Department of Health

Office of Communications – Video Service

TAPE DUPLICATION REQUEST FORM

[Please make sure your "Master/Original" tapes are **rewound** before submitting them for duplication.]

(Check one) **Video Cassette Tape(s).** **Audio Cassette Tape(s).**

Requesting Person: _____ Phone #: _____

Service/Office: _____

The office of Communications does not charge for duplication 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 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.*

Video Tapes:

How many copies? _____ each of _____ tape(s)

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

Further instructions/explanations (if needed): _____

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

Audio Cassette Tapes:

*[When requesting **Audio Tapes** please insure that your blank **tapes** are the **same length** as the tape you want copied.]*

How many copies? _____ each of _____ tape(s).

We are unable to make printed labels for Audio Cassette(s). We hope to be able to add this service in the future.

Signature (Requesting Person): _____

Date Submitted: _____

Date Completed: _____