Center for Instructional Technology
Media Transcoding Request Form
(Video, Audio, & Scanning)

<table>
<thead>
<tr>
<th>Faculty Name</th>
<th>JMU e-ID/E-mail @jmu.edu</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty Phone:</td>
<td>Course #</td>
</tr>
<tr>
<td>College/Unit</td>
<td>Date of Request</td>
</tr>
<tr>
<td>Name &amp; Description of Project</td>
<td>(use back of paper if more space is needed)</td>
</tr>
<tr>
<td>Original Media Type &amp; Quantity:</td>
<td></td>
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<tr>
<td>Portion Needed to Be Copied: (e.g., start/stop time):</td>
<td></td>
</tr>
</tbody>
</table>

NOTE: Encoding entire portions of copyrighted content requires special justification. However, if you need a complete video converted, contact Media Resources (568-6770, Carrier Library Rm 16).

**End Product:**
- a) ___ JMUtube: (web filename: ______________________________
- b) ___ E-mail (via a download link)
- c) ___ Other Format: ______________________________

Encoding and transmitting protected material online for educational purposes is primarily subject to Section 110(2) of copyright law which, among other things,
(1) requires that the original be lawfully made and acquired;
(2) that only reasonable and limited portions be used;
(3) that it be a regular part of the systematic mediated instructional activities of an educational institution;
(4) and that it be directly related to the teaching content. [http://www.jmu.edu/copyright/Teach.shtml](http://www.jmu.edu/copyright/Teach.shtml)

For more information regarding complying with copyright laws, please visit [www.jmu.edu/copyright](http://www.jmu.edu/copyright).

**By signing, I confirm that this request complies with current copyright law.**

__________________________________________  __________________________
Signature of Requestor  Date

**OFFICE USE ONLY:**

Project Approval ___Yes ___No  By: ______________________________

Notified Faculty of Completion & Ready for Media Pick up: ______________________________  Staff Name  Date

Media Returned: ______________________________  Staff Name  Date

__________________________  __________________________
Signature of Receiver  Staff Initials  Date