



## WEST VALLEY COLLEGE TELEVISION/AV OPERATIONS

TV/Video Production Request Form

408.741.2031

Updated December 2008

### **TV AND VIDEO PRODUCTION SERVICES**

*TV and video production services are provided to the college, for instructional and promotional TV, video, or web based programs. Audio and video recording services are also available to record guest lectures and special events. Priority for productions will be based on the following criteria: educational value, promotional value and urgency. Requester is responsible for getting clearance from any speakers who will be recorded and obtaining a signature on our model release form (enclosed with this document).*

#### **Procedure:**

1. Fill out, sign (yours, department and division chair signatures) and return this proposal to the TV/AV Department.
2. TV/AV staff will evaluate the proposal, determine costs, scheduling, etc. and, if necessary, present the proposal to the Dean, Information Technology and Services for approval. Large productions will require department and division chair signatures. We will respond to your request via email or phone call.
3. Upon approval, a producer will be assigned to the project and will contact the requester to discuss the project, schedule, etc.

*Please fill out the following:*

1. Requester's Name:
2. Department:
3. Phone:
4. Today's date:
5. Completion deadline
6. Event date/time/location:
7. Any outside funding available?
8. Type of program (instructional, promotional, lecture, other):
9. Type of recording: video, audio, both (circle one)
10. Topic of program or event/speaker's name:



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11. Who is the target audience?
12. How often will this recording be used and in what capacity?
13. Describe any other media (graphics, video, photos, webscreen images) that are available that can be used in this production to enhance your message.
14. Will outside consultants be necessary to complete this production?
15. How much time can you and your department devote to producing this program?

For large productions only:

Department Chair Signature:

Division Chair Signature:

After submission of this form, with the signatures above, the request may need to go to the Dean for Instructional Technology and Services for final approval.

Dean, Instructional Technology:

(model release on next page)



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## West Valley College

### *Model or Talent Release*

Job Name:

I hereby authorize and give full consent to West Valley College to copyright and publish all pictures, videotapes, and/or voice recordings taken by them or their agents in which I appear. I understand my name and/or likeness may be used for any purpose including marketing, publication, Internet, or the production of digital media.

I further agree that West Valley College may use or cause to be used, these items for any and all commercial or non-commercial purposes including public displays, television broadcast or cablecasts, web streaming, and publications without limitations or reservations.

I represent that I am an independent person or contractor and that I am over eighteen years of age.

Date \_\_\_\_\_

Name (please print) \_\_\_\_\_

Name (signature if 18 or over) \_\_\_\_\_

Guardian (if under 18) \_\_\_\_\_

Last 4 digits of S.S. # or student i.d. # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_