

Date: _____ Rcv'd By: _____ Event #: _____ Job Completed By: _____

SATELLITE DOWNLINK REQUEST

Name: _____ Phone: _____

Dept: _____ Fax: _____
M&D SON NSG HWH SMH EDC HH

Box: _____ E-mail: Global Other _____

Program Title: _____

Program Date(s): _____

Start Time: _____ End Time: _____ Test Time: _____

Event Location/Room #: _____

Satellite Name: _____

Tech Line Info (if known): _____

** Include sheet of **technical specifications** from approving organization. **

Record Program? Yes* No

* written copyright clearance is required prior to duplication service – call the Office for Educational Resources for assistance 5-7666.

For Technical assistance contact the Media staff at 5-1973.

Comments & Special Requests: _____

Office Use Only

Satellite Coordinates VHA JCSN Steerable Dish:
C-band freq. _____
KU-band freq. _____

Polarity: vertical horizontal Channel Used: _____

Requisition: Attached (#) _____ Pending

**Completed forms are to be returned to the Office for Educational Resources, rm 2-7507, Box 709,
Global E-mail: RoomScheduler, or fax 756-5328.**