SATELLITE DOWNLINK REQUEST

Name: ___________________________________________ Phone: _____________________

Dept: __________________________________________ Fax: _______________________

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.