TEMPLE UNIVERSITY
Computer Services

# Instructional Support Center
# Drop Off Production Services Request Form
CD/DVD Duplication

| **Client Information** | |
|---|---|
| **Client Name:** | **Date:** |
| **Department:** | |
| **Email:** | **Phone:** |

**Service Request Information**

**Project Description:** (Attach a separate sheet if necessary).

**Payment Information**

- Price: $1.50 per CD-ROM.
  $4.00 per DVD

1. Number of master CD/DVD(s): _____
2. Number of CD/DVD(s) requested per master: _____

**Limit of Liability:** The Instructional Support Center does its best to ensure that your material is handled with the utmost care and confidentiality. Submitting any media including film, print, slide, video tape, VCD or DVD to the Instructional Support Center for transfer or other handling constitutes an AGREEMENT by you that any damages or loss by the Instructional Support Center and Temple University and its staff will only entitle you to replacement with a like amount of unexposed film, slides, video tape, VCD, DVD, etc.. Except for such replacement the acceptance of the material is without other warranty or liability, and recovery for incidental or sequential damages is excluded. Unauthorized recording of copyright material will not be transferred or duplicated. The equipment used by the ISC respects sources which are protected from duplication and any such media cannot be transferred or duplicated and will be returned to the client upon detection. Also, by signing you authorize Computer Services to charge the FOAPAL listed below or the Diamond Dollar Account provided.

| ☐ FOAPAL | | | | ☐ Diamond Dollars Charged | ☐ Total Amount: |
|---|---|---|---|---|---|
| **Fund** | **Org** | **Account** | **Program** | | |
| | | | | | |

| Client Signature: | Date: |
|---|---|

**ISC Use Only:**

| **Initial Contact:** | **Drop Off Location:** |
|---|---|
| **Project Lead:** | ☐ HSC ☐ Tech Center |

**Comments:**

CD/DVD is scheduled for pick up on: _____ Location: HSC ISC ☐ Tech Center ☐

Total Amount Due: $ _____ Payment Received ☐

*Initials of ISC Consultant verifying completion of form*