



Bakersfield City School District
Education Center- 1300 Baker Street
Bakersfield, CA 93305

**Communications
Video Services Request**

Please submit **two weeks** in advance to *Paul Linfesty* at *linfestyp@bcasd.com*

Video Recording

Project Title: _____ Date of event to be recorded: _____
Location: _____ Time: From _____ To _____
School/Department: _____
Details: _____

Video Editing

(Note: As this requires a significant time investment, complete video packages will be produced on time available and relevance to district programs.)

Project Title: _____ Due Date: _____
 Video in-house Video provided by Department

Details: _____

Delivery Method: DVD _____ # of copies. Internal Link (I-drive) External Link (YouTube)

Video Duplication Request

Communications will provide up to 100 CD or DVD dubs per project at no cost.

Project Title: _____ Number of copies: _____
Copies returned to: _____ Format: CD DVD
School/Department: _____ Due Date: _____

Person Requesting: _____ Position/Title: _____
School/Department: _____ Phone/Extension: _____

Principal/Department Head Requesting

Date

Approved: Public Information & Communications Manager

Date