Screening Date							
Title of Film (full title)							
Director/Filmmaker Name							
Original Studio /Film Release Date							
Production Company/Rental Source							
Preferred Film Format *Contact Classroom Technologies to verify that the screening room you have scheduled can accommodate the format.	35mm	16mm	Blu-Ray	DVD	VHS	DCP	
Audience General: Y N Audience Students in Class: Y N	Admission Free: Y N Ad			lmission Fee: Y N \$			
Notes:			1				
(In the event that the requested film format is unavailable please provide an alternate film format)							
*Contact Classroom Technologies to verify that the screening room you have scheduled can accommodate the format.	35mm	16mm	Blu-Ray	DVD	VHS	DCP	
Notes:							
Instructor/Course/Requester Information							
Instructor /Requester Name							
Course ID/Course Name/Semester/Year							
Requester Contact Information:	Email:			Phone	Phone		
Billing Dept Name/Billing Dept. Smart Key *The Music and Media Library will cover the first \$100 of film rental and shipping fees. The remaining amount will be billed to the department or program sponsoring the film							
Requester Contact Information:	Email:			Phone:			
Notes:				•			
Music &	Media Staff						
Title of Film (full title)							
Booking Date/Confirmation Date							
Notes:				l			