

Special Event Recording Guest Release Form

Permission is hereby given to Western Washington University to record the following special event:

Title of Event: _____

Presenter's Name: _____

Date of Event: _____ **Time:** _____ **Recording Type:** Video Audio Web Stream

The recording of your presentation will be used for educational and archival purposes only and will not be reproduced, redistributed, or broadcast in any manner other than indicated below. Please indicate below how you would like the recording to be used at Western Washington University (check as many as appropriate):

<input type="checkbox"/>	Departmental Use - One copy of the event will be held in the department's archives and will be reserved for internal use by the department listed below: WWU Department _____
<input type="checkbox"/>	Library Special Collections - One copy of the event will be held in <i>Special Collections</i> in WWU's Wilson Library. Students, faculty, staff, and community members can hear or view the recording in <i>Special Collections</i> . The recording cannot be checked out for use outside the library.
<input type="checkbox"/>	Library Media Collections – Two copies of the event will be held in WWU's Wilson Library. In addition to the <i>Special Collections</i> copy (above), a second copy of the event will be held in <i>Media Collections</i> in the Wilson Library. The Media Collections copy can be checked out for use outside of the library by Students, faculty, staff, and community members.
<input type="checkbox"/>	On-Campus Cable Distribution – The event may be cablecast on the WWU non-commercial cable channel for viewing by students, faculty and staff.
<input type="checkbox"/>	Off-Campus Cable Distribution – The event may be cablecast on BTW10, City of Bellingham's non-commercial cable channel, for viewing by students, faculty, staff and community members.
<input type="checkbox"/>	Statewide Cable Distribution – The event may be cablecast on TVW, Washington State's non-commercial cable channel, for viewing by students, faculty, staff and community members.
<input type="checkbox"/>	Web Streaming – The event will be streamed by WWU and linked to a University web page.

Additional permissions or requests for copies (please explain below):

I approve the recording of my event and the distribution of copies as indicated above.

Signature _____ Date _____

A copy of this form must be delivered to WWU Video Services prior to recording the event.

OFFICE USE ONLY

Requesting WWU Dept.:		Dept. Contact:	
Date:	Phone:	Fax:	Mail Stop: