



# Media Distribution Services

## DIGITAL EDITOR AUTHORIZATION FORM

USER NAME \_\_\_\_\_

ID# \_\_\_\_\_ COURSE \_\_\_\_\_

PROJECT TITLE \_\_\_\_\_

PROJECT DESCRIPTION \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FORMAT (VHS, Mini DV, DVD or OTHER) OF ORIGINAL SOURCE MATERIAL \_\_\_\_\_

FINISHED FORMAT \_\_\_\_\_ FINISHED LENGTH \_\_\_\_\_ min.

THIS PROJECT WILL REQUIRE:

DIGITAL EFFECTS \_\_\_ MUSIC \_\_\_ NARRATION \_\_\_ TITLES \_\_\_ SOUND EFFECTS \_\_\_

START DATE \_\_\_\_\_ COMPLETION DATE \_\_\_\_\_

**THE PROJECT WILL BE USED FOR ONE OF THE FOLLOWING:**

- TO COMPLETE A REQUIREMENT FOR THE ABOVE COURSE.
- TO COMPLETE A SENIOR PROJECT REQUIREMENT.
- TO DEVELOP CURRICULUM FOR THE ABOVE COURSE.

I certify that the MDS resources will be used as outlined on this form and I have read the policies relating to the digital editors. Any other use such as non-educational activities, commercial ventures or personal use will result in loss of privileges. **This form must be filled out completely.**

STUDENT SIGNATURE \_\_\_\_\_

FACULTY/ADVISOR APPROVAL \_\_\_\_\_

MDS USE ONLY

FACULTY VERIFICATION \_\_\_\_\_

MDS APPROVAL \_\_\_\_\_

EDITOR ASSIGNMENT 

1	2	3	4	5	6	7
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HARD DRIVE ASSIGNMENT \_\_\_\_\_

RESTRICTIONS \_\_\_\_\_