

Memorial Library  
SUNY at Cortland

**Classroom Support Media Request**

Requests for purchase of videotapes for classroom use require the approval of the Department Chair prior to ordering. Please complete the following and, upon approval, forward the form to the Order Department, Memorial Library for processing. **Please allow six (6) weeks for processing orders.**

Department \_\_\_\_\_ Faculty \_\_\_\_\_ Date \_\_\_\_\_

Course \_\_\_\_\_ Course \_\_\_\_\_  
Title \_\_\_\_\_ Number \_\_\_\_\_ Phone No. \_\_\_\_\_

**Have you checked the Library's online catalog?**  yes  no

Use Date(s)	☼Source (if known)	Title	Producer/Director (if known)	Estimated Cost	Purchase (P)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Comments/Special Instructions:

☼Please attach information from source; xerox page(s) of catalog(s) **must** include publisher/vendor address and phone number.

Departmental Approval:  Approved as is  Approved as amended

Dept. Chair \_\_\_\_\_

Date \_\_\_\_\_

**For Library Use Only**

Rec'd _____
Init. _____