

Recording Approval Form

Project Title:	
Associated Course Title:	
Record Dates:	
Record Times:	
Recording Type:	<input type="checkbox"/> Video + Audio <input type="checkbox"/> Audio Only
Record Location(s):	
Requestor/Coordinator:	
Department:	
College:	
Campus:	<input type="checkbox"/> Glendale <input type="checkbox"/> Downers Grove
Phone:	

It is understood that the recorded presenter (excludes mock patients and Communications marketing video subjects) and Midwestern University share copyright ownership of the recorded materials.

Purpose of Recording:
Target Audience for Recording:
Production Process Methods:
Recording would be handled by Media Resources using their video cameras, then utilize Media Resources video editing equipment to edit the video and include title/graphics and format the finished files for posting and/or DVDs.
Completion Date:
Distribution Location(s) (How do viewers access the video?):
<input type="checkbox"/> DVDs <input type="checkbox"/> iTunes <input type="checkbox"/> Blackboard (through Kaltura) <input type="checkbox"/> midwestern.edu <input type="checkbox"/> Other (Explain below:)
Distribution Duration:
Budget:

Project Approvals

Program/Department Chair Approval: _____

Once approved, scan and email form with signed release forms to the appropriate Dean. If approved, the Dean will forward form to the appropriate CAO who will then, upon approval, forward form to the COO for final approval. The Requestor and Media Resources will be notified via email when project is finally approved or denied.

Please allow ten (10) business days for approval process.

Dean/Vice President Approval: _____

CAO Approval: _____

COO Approval: _____

Media Release Form

I, _____ authorize Midwestern University to
(*check one* :) Audio Video record my presentation on _____
for the _____. I hereby authorize the reproduction and
exhibition of said recording within the Midwestern University academic community as
per the attached project proposal. Any use or reproduction outside of that defined in the
attached proposal will require further authorization.

I understand that recorded materials are under the shared copyright ownership of the
recorded presenter (excludes mock patients) and Midwestern University.

Signature of Presenter

Date

Signature of Course Director/Coordinator

Date

Directions: once this form has been signed by the Presenter and Course Director/Coordinator, the original
signed copy should be sent to Media Resources and a copy should be sent to the Department Chair/Program
Director of the Course Director/Coordinator.