



Media Distribution Services

DIGITAL EDITOR AUTHORIZATION FORM

NAME OF USER _____ COURSE _____

PROJECT DESCRIPTION _____

I WILL NEED THE EDITOR BETWEEN THE FOLLOWING DATES: **(MAX 6 WEEKS)**

START DATE _____

COMPLETION DATE _____

- Editor reservations are for two hour blocks:
Video Editing Times:
Monday-Friday
8am-10am; 10am-12pm; 1pm-3pm; 3pm-5pm

Evening Hours - Monday-Thursday (Fall, Winter and Spring quarters only)
5pm-7pm;
- **Digital Editors** require a Digital Editor Authorization Form. Hard drives are assigned with a start and completion date for a **maximum of 6 weeks**.
- Only **one reservation per group can be booked at a time**. Customers may schedule another 2 hr. block at the time of their current reservation time.
- Reservations for digital editors need to be made at least **one day in advance**, between the indicated start and completion dates.
- If work on the project has not begun by **2 weeks** after the indicated start date, the hard drive may be re-assigned to another person/group project.
- Customers may call 756-7198 to cancel or re-schedule their reservation appointments.
- The **hard drive will be erased** on the indicated completion date unless prior arrangements have been made.
- It is recommended that all projects **start before the 9th week** because of the heavy demand for hard drives and editing time.

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 actives, 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

HARD DRIVE ASSIGNMENT _____