



**Bakersfield City School District**  
Education Center- 1300 Baker Street  
Bakersfield, CA 93305

**Communications**  
**Video Services Request**

Please submit **two weeks** in advance to: ***communications@bcasd.com***

**Video Recording**

Project Title: \_\_\_\_\_ Date of event to be recorded: \_\_\_\_\_

Location: \_\_\_\_\_ Time: From \_\_ To \_\_\_\_\_

School/Department: \_\_\_\_\_

Details: \_\_\_\_\_

**Video Editing**

(Note: As this requires a significant time investment, complete video packages will be produced on time available and relevance to district programs.)

Project Title: \_\_\_\_\_ Due Date: \_\_\_\_\_

Video in-house     Video provided by Department

Details: \_\_\_\_\_

Delivery Method:  DVD \_\_\_\_\_ # of copies. (Max. 10)     Internal Link (Google)     External Link (YouTube)

Person Requesting: \_\_\_\_\_

Position/Title: \_\_\_\_\_

School/Department: \_\_\_\_\_

Phone/Extension: \_\_\_\_\_

\_\_\_\_\_  
**Principal/Department Head Requesting**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Approved: Public Information & Communications Manager**

\_\_\_\_\_  
**Date**

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