



# CD Request Form



Missouri State University Department of Theatre and Dance

Name: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address (If CD(s) are being mailed): \_\_\_\_\_

Show(s) Needed: 1) \_\_\_\_\_

*(Please Include Year of Show and* 2) \_\_\_\_\_

*Specific Frame* 3) \_\_\_\_\_

*Numbers, if* 4) \_\_\_\_\_

*needed)* 5) \_\_\_\_\_

Date of Request: \_\_\_\_\_ Date Needed: \_\_\_\_\_

Total Number of CD's Requested: \_\_\_\_\_ Total Charge (\$2 per CD): \_\_\_\_\_

**I agree to pay the full amount of the processing charge for my CD(s) and understand that I will be contacted through e-mail when the CD(s) are completed.**

Signature: \_\_\_\_\_

For Office Use Only	
Office Assistant Accepting Request:	_____
Office Assistant Processing Request:	_____
Date Processed:	_____ Date of Contact: _____
<b>Paid:</b> Y    N	<b>Date of Payment:</b> _____