

# Request to Duplicate Media

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## Instruction & Research Technology, Media Services, Library 120

### SUBMISSION GUIDELINES FOR MEDIA DUPLICATION

The Copyright Law of the United States (Title 17, U.S. Code) governs the making of photocopies or other reproductions of copyrighted material. The person requesting the duplication is responsible for any infringement. IRT upholds the principles of Fair Use. Requestors are responsible for evaluating whether the use of a copyrighted work qualifies as Fair Use or requires permission.

When submitting copyrighted materials for Duplication, please carefully consider the four Fair Use factors:

**The purpose of the use:** Materials can be duplicated to support specific educational programs and for research and study.

**The nature of the work to be copied:** The work should be relevant to the educational objectives of the course. Using works that are non-fiction or informational weigh more favorably as fair, than using works that are highly creative, such as, music, poetry, fiction, drama, art, and images.

**The amount copied in proportion to the original:** The amount copied should be directly tailored and related to educational objectives of the course or for research and study.

**The market effect of copying:** All materials will include a copyright notice and a complete citation to the original work.

Media Services has the right to refuse to copy media if they believe it is in violation of the Copyright Law.

Media Services is not responsible or liable for any damage, or loss of media that may occur to personal belongings due to equipment malfunction, negligence or any other cause.

Unless prior arrangements have been made, blank media must accompany all requests in order for the duplication to occur.

Duplications are processed on a first come, first served basis.

Rush service is NOT available. Duplication services will be completed in a minimum of 5 business days.

Please complete the form, print it out, sign it, and return to Media Services with the original media and blank media.

For more information: Media Services webpage: <http://www.wpunj.edu/irt/media-services/index.dot>

WPUNJ Copyright webpage: <http://guides.wpunj.edu/copyright>

Contact: Jonathan Shanoian, [shanoianj@wpunj.edu](mailto:shanoianj@wpunj.edu), 973.720.2984 or

Tony Krucinski, [krucinskit@wpunj.edu](mailto:krucinskit@wpunj.edu), 973.720.2307

Proceed to next page(s) to complete Submission Form



## MEDIA DUPLICATION SUBMISSION FORM

|                                                                                                                                                                                                           |                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| FIRST & LAST NAME:                                                                                                                                                                                        |                                                                                                                                  |
| WPUNJ EMAIL:                                                                                                                                                                                              | Banner ID: 855-                                                                                                                  |
| PHONE #:                                                                                                                                                                                                  |                                                                                                                                  |
| CONNECTION TO WPU:                                                                                                                                                                                        | <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Alumni |
| DATE SUBMITTED:                                                                                                                                                                                           |                                                                                                                                  |
| My signature verifies that I read and understood the Media Duplication guidelines, policies, and procedures, including copyright and Fair Use implications, as outlined on the reverse side of this form. |                                                                                                                                  |
| SIGNATURE _____                                                                                                                                                                                           | DATE _____                                                                                                                       |

**>>> COMPLETE TITLE AND FORMAT FOR EACH ITEM SUBMITTED FOR DUPLICATION <<<**

|                                                                                                                                                                                                                                                        |                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| ORIGINAL FORMAT (CHECK ONE): <input type="checkbox"/> CD <input type="checkbox"/> DVD <input type="checkbox"/> VHS <input type="checkbox"/> ¾ U-Matic <input type="checkbox"/> AUDIO CASSETTE <input type="checkbox"/> INTERNATIONAL FORMAT (SPECIFY): |                                                                                                                    |
| DUPLICATED TO WHICH FORMAT:                                                                                                                                                                                                                            | <input type="checkbox"/> CD <input type="checkbox"/> DVD                                                           |
| TITLE OF ORIGINAL WORK (CD, DVD, VHS, AUDIO CASSETTE):                                                                                                                                                                                                 |                                                                                                                    |
| NUMBER OF COPIES REQUESTED:                                                                                                                                                                                                                            |                                                                                                                    |
| AUTHOR/EDITOR/DIRECTOR:                                                                                                                                                                                                                                |                                                                                                                    |
| YEAR:                                                                                                                                                                                                                                                  | PUBLISHER/DISTRIBUTOR:                                                                                             |
| AFTER DUPLICATION (CHECK ONE):                                                                                                                                                                                                                         | <input type="checkbox"/> RETURN TO ME VIA CAMPUS MAIL<br><input type="checkbox"/> CONTACT ME TO ARRANGE FOR PICKUP |

|                                                                                                                                                                                                                                                        |                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| ORIGINAL FORMAT (CHECK ONE): <input type="checkbox"/> CD <input type="checkbox"/> DVD <input type="checkbox"/> VHS <input type="checkbox"/> ¾ U-Matic <input type="checkbox"/> AUDIO CASSETTE <input type="checkbox"/> INTERNATIONAL FORMAT (SPECIFY): |                                                                                                                    |
| DUPLICATED TO WHICH FORMAT:                                                                                                                                                                                                                            | <input type="checkbox"/> CD <input type="checkbox"/> DVD                                                           |
| TITLE OF ORIGINAL WORK (CD, DVD, VHS, AUDIO CASSETTE):                                                                                                                                                                                                 |                                                                                                                    |
| NUMBER OF COPIES REQUESTED:                                                                                                                                                                                                                            |                                                                                                                    |
| AUTHOR/EDITOR/DIRECTOR:                                                                                                                                                                                                                                |                                                                                                                    |
| YEAR:                                                                                                                                                                                                                                                  | PUBLISHER/DISTRIBUTOR:                                                                                             |
| AFTER DUPLICATION (CHECK ONE):                                                                                                                                                                                                                         | <input type="checkbox"/> RETURN TO ME VIA CAMPUS MAIL<br><input type="checkbox"/> CONTACT ME TO ARRANGE FOR PICKUP |