



Permission Request Form for Closed Captioning of Media Materials

Bakersfield College DSP&S
(Disabled Students Programs & Services)
1801 Panorama Drive
Bakersfield, California 93305
(661) 395-4334
(661) 395-4079 FAX Attn: Adie Geiser

Bakersfield College
Media Services
1801 Panorama Drive
Bakersfield, California 93305
(661) 395-4615
(661) 395-4690 FAX

DATE:

COPYRIGHT OWNER
ATTN: PERMISSIONS DEPARTMENT:

Dear _____

The purpose of this letter is to request permission to modify the following instructional media and audiovisual material to include captioning for students attending public postsecondary education at Bakersfield Community College in Bakersfield, California.

Bakersfield College **will incur all costs** associated with the production of the captioned copy of the material. Please complete the statement that appears at the bottom portion of this permission form and return by FAX or by mail to the Disabled Students Programs & Services Department Office or the Media Services Department Office.
The materials to be captioned:

If there is a captioned version available please send us the appropriate ordering information.
New Materials Available and Cost/Ordering Information:

This request is time-sensitive and requires immediate response.

Bakersfield College requests permission to modify the above mentioned media material to include captioning for the purpose of ensuring access for all students in accordance with Section 508 of the Rehabilitation Act. The material is used for classroom instruction and will be used until such time that the material is removed from Bakersfield College collection (unless the Copyright/Trademark Owner specifies an expiration date). This authorization will be clearly placed on the media material, along with the date that the permission was authorized (along with any expiration dates).

Your signature on this document confirms that permission has been authorized and granted to Bakersfield College to caption the material.

Date: _____

Permissions Department Authorization Signature

Print Name:

Expiration Date (if any): _____

Title:

Company Granting Authorization:

*Please Fax or Return this Form to the
address above!!
Thanks for your attention
to this request!*