

RECORD REQUEST FORM

Name : _____ Contact No.: _____	
Department / Company : _____	
Date / Time of Request : _____	
Mode of Request : <input type="checkbox"/> walk-in <input type="checkbox"/> by phone/text <input type="checkbox"/> e-mail/letter/memo	
Type of record :	Event/s and Date/s
<input type="checkbox"/> News Release/s	_____
<input type="checkbox"/> Photo File/s	_____
<input type="checkbox"/> Video File	_____
<input type="checkbox"/> News Update (clippings)	_____
Outlet _____	_____
Date _____	_____
<input type="checkbox"/> Others _____	
Form of record :	
<input type="checkbox"/> Hard copy	<input type="checkbox"/> Soft copy Storage / Destination _____
Type of syndication:	
<input type="checkbox"/> Fax	<input type="checkbox"/> E-mail <input type="checkbox"/> Delivery/pickup
Purpose : _____	
<small>(personal copy or official use, etc)</small>	
(for PHOTO requests only)	
<input type="checkbox"/> For printing	<input type="checkbox"/> For web posting
Size _____	<small>(5R, 8R, etc)</small>
Particulars:	
To be filled up by MPD personnel	
Assigned to: _____ Section: _____	
Remarks: _____	
Date / Time of Completion: _____	
Assisted & Verified by:	Approved / Disapproved by:
_____	ARMINA BELLEZA C. LLAMAS
Signature over Printed Name	OIC, Media Production Dept.
	Control No. <u>MPD-RCR-</u> _____ <u>-22</u>



