



# Permission Request Form for Closed Captioning of Media Materials

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

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 the costs** associated with the production of the captioned copy of the material, not you, the copyright holder. 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:

**May we digitally archive this production now or in the future? Yes No**  
**If no, Reason:**

**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!*