CU College of Music Audio Services **Duplication Request**

Name______________________________________ Date_____________________

E-mail_____________________________________ Telephone_____________________

Address (if mailing): Street____

City___________________________ State_____ Zip___________

I would like: ______ **compact disc(s)**

______ **cassette(s)** (High Bias tape with Dolby B or C noise reduction)

Copied from: ______ College of Music master

______ Masters I am providing

Please note: Due to copyright laws, copies of performances can only be made available to the performer(s). **ALL ORDERS MUST BE PREPAID.** Payment can be made in the Audio Office or with Myra in the Concerts Office. Checks should be made payable to "Univ of CO". Please allow two weeks for completion of your order.

Date of performance	Performers Composer/Work	Timing

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Office Use: Amount paid Date