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)**

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 should be made in the Audio Office when completing this form. Checks should be made payable to "Univ of CO". Please allow one week for completion of your order. You will be notified when your order is finished and you can be pick it up in the main office of the Music Building.

Date of performance	Performers	Composer/Work

- -

Office Use: Amount paid: Date completed: