



## Accommodation Need Faculty Request for Captioning

Dear instructor: This semester you have a Deaf or hard-of-hearing student registered for your class who requires the accommodation of captioning on all videos. Please check all videos for your class to determine if each has captioning or subtitles. If not, please research Ted.com, Films on Demand and NBC Learn at <https://www.waketech.edu/student-services/libraries/find-articles-ebooks> or Youtube cc to see if there is a captioned version of the video before filling out this form. If you did not find a captioned version, then complete this captioning request form and send your original DVD to Mary Murr or email to [mcmurr@waketech.edu](mailto:mcmurr@waketech.edu). Depending on the number of requests ahead of you, several weeks may be needed to complete your request. **The earlier you submit your request, the better.**

If you only need segments captioned or certain chapters give explicit details for what you need in the directions area. Example: the segment (min:sec) 30:05 – 40:13 or chapters 1, 2 & 3 only. If no notation is given, DSS will caption the entire video. The captioned version will be sent to you in a URL to a private YouTube account.

DSS must get copyright permission for every title. Note that if you own a **copy** with no captions, but the **original** has captions, the producer will **NOT** permit us to copy. This means your department will have to purchase the original.

If your video is self-produced, please submit your transcript, if available, along with your video file.

### Please complete the information.

Instructor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Course: \_\_\_\_\_ Semester: \_\_\_\_\_

| # | <i>Media Information</i>  |
|---|---|
| 1 | <b>Media Type:</b> <span style="float: right;"><i>If online media, list web address/URL:</i></span><br><input type="checkbox"/> DVD _____ |
|   | <b>Title:</b> _____ <span style="float: right;"><b>Year:</b> _____</span>   |
|   | <b>Producer/Company:</b> _____  |
|   | <b>Planned viewing date:</b> _____  |
|   | <b>Directions:</b> _____  |

Form 1392 R-8 (10-30-17) LW/ML

**Southern Wake Campus**  
 9101 Fayetteville Road ♦ Raleigh, NC 27603-5696  
 919.866.5670 ♦ 919.662.3616 fax  
 919.324.3833 Sorenson Video Phone  
<http://disabilityservices.waketech.edu>

**Northern Wake Campus**  
 6600 Louisburg Road ♦ Raleigh, NC 27616-6328  
 919.532.5713 ♦ 919.866-7916 fax  
 919.324.3833 Sorenson Video Phone  
<http://disabilityservices.waketech.edu>

**Perry Health Sciences Campus**  
 2901 Holston Lane ♦ Raleigh, NC 27610  
 919.334.1510  
 919.324.3833 Sorenson Video Phone  
<http://disabilityservices.waketech.edu>

| <b>Media Information</b> |   |
|--------------------------|---|
| <b>2</b>                 | <b>Media Type:</b> <span style="float: right;"><i>If online media, list web address/URL:</i></span><br><input type="checkbox"/> DVD _____ |
|                          | <b>Title:</b> _____ <span style="float: right;"><b>Year:</b> _____</span>   |
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|                          | <b>Directions:</b> _____  |
| <b>3</b>                 | <b>Media Type:</b> <span style="float: right;"><i>If online media, list web address/URL:</i></span><br><input type="checkbox"/> DVD _____ |
|                          | <b>Title:</b> _____ <span style="float: right;"><b>Year:</b> _____</span>   |
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| <b>4</b>                 | <b>Media Type:</b> <span style="float: right;"><i>If online media, list web address/URL:</i></span><br><input type="checkbox"/> DVD _____ |
|                          | <b>Title:</b> _____ <span style="float: right;"><b>Year:</b> _____</span>   |
|                          | <b>Producer/Company:</b> _____  |
|                          | <b>Planned viewing date:</b> _____  |
|                          | <b>Directions:</b> _____  |

\_\_\_\_\_  
**Instructor's Signature**

\_\_\_\_\_  
**Date:**