

# Beaufort County Community College Off Campus Media Request Form

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

Organization : \_\_\_\_\_

Date Needed: \_\_\_\_\_

Job Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cost: \_\_\_\_\_

Approval: \_\_\_\_\_

President of BCCC

Director of LRC

*Work will be considered when time may permit without conflict of BCCC media requests.*

*One week prior notice is required.*