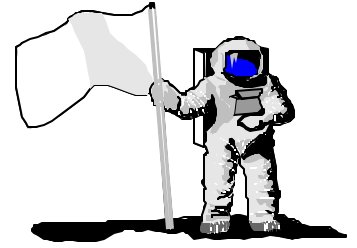


**NASA TEACHER RESOURCE CENTER  
RADFORD UNIVERSITY  
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### ***NASA VIDEO COPYING REQUEST FORM***

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County/City \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone No. (School) \_\_\_\_\_  
Telephone No. (Home) \_\_\_\_\_ email Address \_\_\_\_\_

|||||

**Please list the video title and RU# from the item record. Educators will be charged a duplicating fee of \$1.00 per program. Blank tapes must be provided.**

#### **Videos Requested**

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