



Video Support Services

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Cable TV Video Bulletin Board Submission Form

(Fax or Inter-Campus Mail Only)

Contact Information:

Name: _____ Date: _____
Department: _____ Campus: _____
Phone: _____ Fax: _____
ACC Email: _____

Message Information:

Suggested date and time for message to begin: _____
Suggested date and time for message to end: _____

Suggest frequency of message: *(Circle One)* Daily • Bi-Weekly • Weekly • Other
If other, please explain: _____

Type or print message:
(Maximum of 6 lines with 30 characters per line including spaces) _____

Graphic: *(Circle One)* Yes • No

Submission forms must be received at least one (1) week prior to requested airdate. Department Head approval is required. Video Support Services reserves the right to edit or refuse message for broadcast.

Department Head Approval: _____

Video Support Services Contact Information:

Inter-Campus Mail Address:
Video Support Services, Pinnacle Campus
Attention: Dick Anderson

Or fax to: (512) 301-1483
Attention: Dick Anderson