

TERRY BRANSTAD, GOVERNOR

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IOWA COMMUNICATIONS NETWORK

SHARING IOWA'S INFINITE POSSIBILITIES

Video Credit Request Form Fiscal Year 2012

Thank you for using an ICN video classroom. This form must be submitted within three business days to apply for a video session credit. Please FAX the completed form to ICN at (515) 725-4635.

Session Requester Information:

Name _____ Organization Name _____

Address (including building, suite #, etc) _____

City _____ State _____ ZIP Code _____

Phone Number () _____ - _____ FAX Number () _____ - _____

Email Address _____

Authorization Code _____ Today's Date _____

Session Credit Requested For:

Reservation # _____

Session Date _____

Session Time _____

Reason for Credit Request:

Full Credit

Partial Credit

(check one)

Weather

Classroom Equipment

System

Other

Was the problem reported to the Network Operations Center (NOC) at 1-877-575-2862? Yes No

If yes, what was the date? _____ Time _____:_____ a.m. p.m.

Person Reporting the Problem _____
(print name)

Person Contacted at NOC _____
(print name)

If there are questions, please contact ICN Video Scheduling at 877-575-2862 or 515-725-4686.

DAVE LINGREN, EXECUTIVE DIRECTOR