



**Drexel CNHP- HaiVision A/V Calypso
Service Request Form**

Please use this form to inform CNHP IT about the project. That includes the users who would need access, server / backup space requirements, etc.

Local AV Administrators	<input type="checkbox"/> Sheila Plungis (Clinical) <input type="checkbox"/> Arun Ramakrishnan (Research)
Reason for the request (check all that apply)	<input type="checkbox"/> Creating New <input type="checkbox"/> Modifying Existing <input type="checkbox"/> Training / Setup
Primary User's Full Name: (First, Middle, Last)	
Drexel User ID (abc123) and Job Designation	
Project Name (Use one form for each project)	
Emergency contact (name and phone number)	
Session Name(s): (eg. ABC123P01, ABC123P02)	
Project Duration (e.g. 01/01/2000-12/31/2015)	
Nature of the Information contained in the Media	<input type="checkbox"/> HIPAA <input type="checkbox"/> Financial <input type="checkbox"/> Student <input type="checkbox"/> Research <input type="checkbox"/> Other
Short description of the project (specifically its A/V needs):	
What features do you wish to use in the HaiVision Calypso Server (check all that apply):	
<input type="checkbox"/> Live Stream the Session <input type="checkbox"/> Record a Session <input type="checkbox"/> Record for more than 2 hours per session <input type="checkbox"/> Backup in CNHP encrypted file server <input type="checkbox"/> Record from multiple cameras at same time <input type="checkbox"/> Others (please specify) : _____	
<input type="checkbox"/> Share videos with DREXEL collaborators <input type="checkbox"/> Share videos with NON-DREXEL collaborators (must complete Non-Employee Associate (NEA) form) <input type="checkbox"/> Delete videos automatically after a certain period (requires special permission)	
What cameras do you wish to use (check all that apply):	
3 Parkway : <input type="checkbox"/> CFT246 <input type="checkbox"/> CFT248 <input type="checkbox"/> CFT256 <input type="checkbox"/> CFT258 <input type="checkbox"/> NUT-264 <input type="checkbox"/> Dance <input type="checkbox"/> Music <input type="checkbox"/> ArtA <input type="checkbox"/> ArtB 3020 Market : <input type="checkbox"/> CFIS511 <input type="checkbox"/> CFIS513 <input type="checkbox"/> CFIS522 <input type="checkbox"/> CFIS523 <input type="checkbox"/> CFIS525 <input type="checkbox"/> Others (please specify) : _____	
Number of Videos per Week: (e.g. 3-5)	
Average Length of Each Recording: (e.g. 1-2 hours)	
Expected total number of hours of Video Recording for this project: (e.g. 180 hrs.)	

Number of collaborators: (include both Drexel and Non-Drexel faculty/staff and students) (e.g. 4)

Personnel changes: List all personnel you would like to have access to this project videos including their roles. Available Roles: **Creator (C):** Record and share videos, **Editor (E):** Review and trim videos, **Viewer (V):** View only.

Add / Remove	Full Name	Drexel Id	Role (C/E/V)	Notes: Special Roles, designation, institute affiliation, location, etc.
<input type="radio"/> Add <input type="radio"/> Remove				
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Other requests (audio equipment setup, camera setup, multiple recording setup, scheduling assistance, etc.):