



**Video Credit Request Form
Fiscal Year 2015**

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 515-725-4400.

RIC LUMBARD, EXECUTIVE DIRECTOR