

**Anderson Typefast**

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**TRANSCRIPTION REQUEST FORM**

*FAX the completed Form to (415) 512-7717  
(Work will be scheduled once completed form is received)*

<i>Contact Name:</i>	<i>Date of Request:</i>	<i>Requested Due Date:</i>
<i>Company:</i>	<i>Telephone Number:</i>	<i>Fax Number:</i>
<i>Address:</i>	<i>Your Billing Reference:</i>	
<b>RECORDING TYPE:</b>		
Standard Cassette ___ Micro Cassette ___ CD ___ Digital ___ MiniDV ___ VHS ___ DSS ___ FTP link ___		
<b>NUMBER OF RECORDINGS:</b> _____		
<b>LENGTH OF RECORDING:</b> 1 hour ___ 1.5 hours ___ 2 hours ___ 3 hours or more ___		
<b>TOTAL NUMBER OF HOURS:</b> _____ <b>OR Anderson Typefast</b> will determine _____		
<b>RECORDING QUALITY:</b> Poor ___ Fair ___ Good ___ <b>OR Anderson</b> will determine		
<b>METHOD OF TRANSCRIPTION:</b>		
Verbatim (legal quality) _____ Verbatim (standard) _____ Content (Interviewer paraphrased) _____		
<b>TYPE OF TRANSCRIPTION:</b>		
Interview ___ Conference ___ Teleconference ___ Focus Group ___ Deposition ___ Hearing ___ Other _____		
<b>FORMAT OF TRANSCRIPT:</b>		
Hard Copy _____ Disk _____ PC or MAC _____ Via email. Email address: _____		
If emailed, return tapes via messenger: _____ <b>OR Anderson Typefast</b> will recycle _____		
<b>NOTES OR SPECIAL INSTRUCTIONS:</b>		
<i>Please indicate below information to assist in transcribing, i.e. topic of recording, subject matter, unique phrases, participant names, company names, etc.</i>		