

DE LA SALLE SANTIAGO ZOBEL SCHOOL  
Strategic Communications Department  
**SERVICE REQUEST FORM**

REQUESTED BY: _____	DATE OF REQUEST: _____
DEPARTMENT: _____	DATE NEEDED: _____
CHARGED TO: _____	RECEIVED BY: _____
UNIT/DEPT HEAD: _____	DATE RECEIVED: _____

<u>SERVICE</u>	<u>DESCRIPTION</u>	<u>SERVICE</u>	<u>DESCRIPTION</u>
<b><u>POSTING</u></b>		<b><u>PHOTOGRAPHY</u></b>	
<input type="checkbox"/> DLSZ WEBSITE	_____	<input type="checkbox"/> PHOTO RETRIEVAL	_____
<input type="checkbox"/> FAMILY PORTAL	_____	<input type="checkbox"/> PHOTO COVERAGE	_____
<input type="checkbox"/> SOCIAL MEDIA	_____	<input type="checkbox"/> PHOTO PRODUCTION	_____
<input type="checkbox"/> EMAIL BLAST	_____		
<b><u>STYLING, EDITING, AND MERGING</u></b>		<b><u>VIDEOGRAPHY</u></b>	
<input type="checkbox"/> LETTER/DOCUMENT	_____	<input type="checkbox"/> VIDEO PRODUCTION	_____
<input type="checkbox"/> CERTIFICATE	_____	<input type="checkbox"/> VIDEO EDITING	_____
<input type="checkbox"/> COPYWRITING	_____	<input type="checkbox"/> FOR SCREENING	_____
<input type="checkbox"/> PRESS RELEASE	_____		
<b><u>DESIGN AND LAYOUT</u></b>		<b><u>TELECONFERENCE</u></b>	
<input type="checkbox"/> LOGO	_____	<input type="checkbox"/> ZOOM ACCESS	_____
<input type="checkbox"/> POSTER	_____	DATE AND TIME OF EVENT	_____
<input type="checkbox"/> BROCHURE	_____	<input type="checkbox"/> <b><u>OTHERS</u></b>	_____
<input type="checkbox"/> INVITATION/PROGRAM	_____		
<input type="checkbox"/> PRESENTATION DECK	_____		
<input type="checkbox"/> TARPAULIN	_____		
<input type="checkbox"/> FOR REVIEW	_____		

Kindly email all the necessary files/links related to the request at [stratcomm@dlszobel.edu.ph](mailto:stratcomm@dlszobel.edu.ph). Give a lead time of at least **THREE TO FIVE (3-5) WORKING DAYS** prior to your target printing/reproduction and release. Only **ENDORSED** requests will be processed.