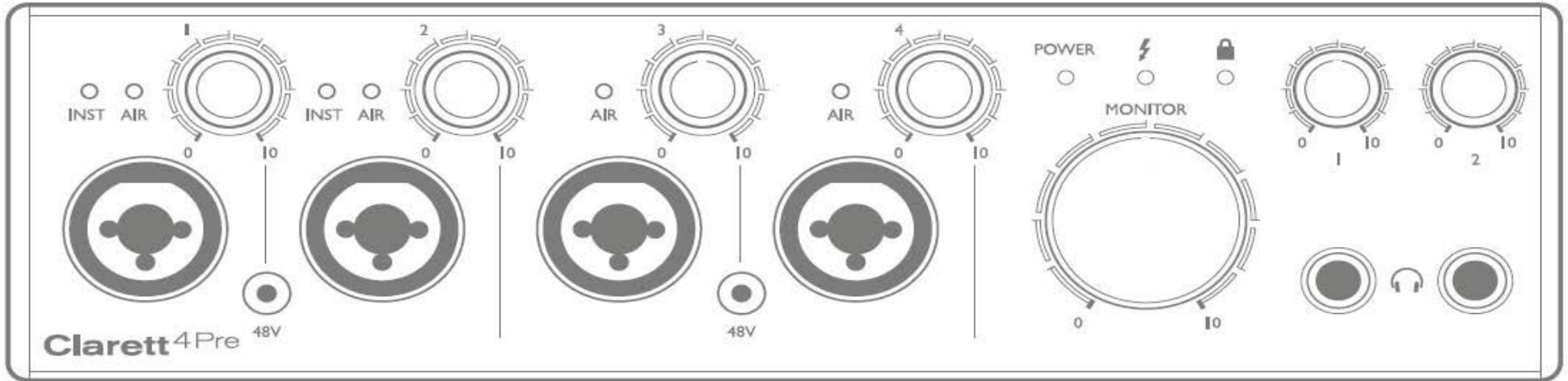




**Sound Recording Technology**  
 University of Massachusetts Lowell  
 35 WILDER STREET SUITE 3  
 LOWELL, MASS 01854  
 (978) 934-3850

Date: \_\_\_\_\_ Page: \_\_\_\_ of \_\_\_\_  
 Studio/Machine: \_\_\_\_\_  
 Course/Lab: \_\_\_\_\_  
 Eng/Assist: \_\_\_\_\_  
 Artist: \_\_\_\_\_

**Focusrite Clarett4 Pre Recall Sheet**



NOTES:

---



---



---



---



---



---