



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: _____

Title:				Take/Loc:	1	2	3
1	2	3	4	5	6	7	8

Title:				Take/Loc:	1	2	3
1	2	3	4	5	6	7	8

Title:				Take/Loc:	1	2	3
1	2	3	4	5	6	7	8

Level: _____

Reel #: ____ of ____ 15 IPS 7.5 IPS

Date: ____/____/____ DBX NR

Comments: _____
