



Video Programming Distributors (VPD) Data Entry

[VPDs](#) | [New VPD](#) | [Support](#)

NEW VPD RECORD ENTRY

denotes required field.

VPD INFORMATION

Type: Broadcaster
VPD Name: UNIVERSITY OF SOUTH FLORIDA
Call Sign: WUSF

IMMEDIATE CONTACT INFORMATION

Phone: 813-974-4000 Ext: (format: xxx-xxx-xxxx) Telephone number for purposes of receiving and re concerns.

Fax: 813-974-5016 (format: xxx-xxx-xxxx) Fax number for purposes of receiving and respond concerns.

Email: mburnham@wusf.org Email address for purposes of receiving and respo concerns.

WRITTEN COMPLAINT CONTACT INFORMATION

Name: Michael Burnham Name of person with primary responsibility for capt rules.

Title: Director of Engineering Title of person or office with primary responsibility f compliance with rules.

Address 1: 4202 East Fowler Avenue Postal mailing address of person or office with prim ensure compliance with the rules.

Address 2: Bldg TVB-100

City: Tampa

State: Florida Zip Code: 33620

Phone: 813-974-4000 Ext: (format: xxx-xxx-xxxx) Telephone number of person or office with primary ensure compliance with the rules.

Fax: 813-974-5016 (format: xxx-xxx-xxxx) Fax number of person or office with primary respor compliance with the rules.

Email: mburnham@wusf.org E-mail address of person with primary responsibilit compliance with the rules.

SUBMITTER INFORMATION

By submitting this, I certify that the information provided herein is valid and is provided pursuant to section 79.1(i) of the Commission's rules.

Submitter's Name:

Submitter's Title:

Submitter's Email:

(Confirmation emails are sent to Submitter's email address)

DEV

SUBMIT