

Chit _____ Emily Carr Secondary School *Student's Name*

Sound Recording – ONLINE

Artist _____
(last name) (first name)

Title of Song " _____ "

Title of Album _____
(Italics)

Composer(s) or Performer(s) _____
(if ANY and different from Artist)

Recording Manufacturer _____

Publication Date _____
(year)

URL _____

Accessed _____
(day) (month e.g. Aug.) (year)

TL Mark: /4

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