Filming Request Form

Date of request: ________________________________

Name, phone number, and email address of person making request: ________________________________

Affiliation (UW student, faculty, or staff; news agency; freelance journalist): ________________________________

Purpose of the project (course work, news story, professional production): ________________________________

If for a course, department: __________________________ course number: ____________

instructor’s name: ________________________________

Names of those participating in filming project (actors, technicians): ________________________________

Proposed date(s) and time(s) of filming: ________________________________

Proposed location(s) in the library of filming: ________________________________

Equipment to be used: ________________________________

Dialogue, music, or other sound effects to be used, if any: ________________________________

Approved by: __________________________ Date: __________________________