



University
Library

Office of the Dean
San Diego State University
5500 Campanile Drive
San Diego CA 92182-8050
Tel: 619-594-6014

Requests must be received at least 3 business days prior to the proposed date of filming; we reserve the right to deny any request not in compliance with this timeline.

SDSU affiliation: Faculty/Staff Student Alumni/Parent No SDSU affiliation

Department or organization: _____

Department or organization phone number: _____

Requester phone number: _____

If you are an SDSU student, list your faculty advisor(s): _____

Project name: _____

Describe the reason you need to film in the library: _____

Location(s) in the library you wish to use: _____

Dates and times you will be filming: _____

Number of people on your project team: _____

Equipment you will be using during filming: _____

Props you will be using during filming: _____

Please read and initial to acknowledge you have read and understand the following conditions.

_____ **Consistent with the Library Code of Conduct, I agree that neither I nor members of my project team will disturb or interfere with library staff or users while we film or photograph.**

_____ **The project team agrees there will be no close photography or filming of library staff, faculty, and/or students without their express consent.**

_____ **I acknowledge that permission to film or photograph within the library will be revoked if complaints are received.**

_____ **I acknowledge that I must carry a copy of this signed permit at all times while taking photographs or filming.**

Requestor name (Print): _____ Signature: _____ Date: _____

Faculty Advisor (Print): _____ Signature: _____ Date: _____
(If applicable)

Approved by (Print): _____ Signature: _____ Date: _____
(Library management)

(Revised 8/11/22)