Request to Photograph or Film In the Library

Requester: _______________________________________ Date: ___________

(Please indicate one of the following)
SDSU-Student ______ SDSU-Faculty or Staff _____

Department/Organization:______________________________________________________

Department/Org. Phone: ______________ Requester Phone:________________________

(Provide name if applicable)
If SDSU-Student, Faculty Advisor________________________________________________

(Check and provide name if applicable)
Non-SDSU?____ If so, name of your organization:____________________________________

Phone number of organization:________________________________________________

Name of project/reason you need to film in library:________________________________

Describe library location(s) to be used:___________________________________________

Filming dates and times (please list all times and dates you plan to film):___________

Number of project team members involved in filming:_______________________________

Equipment being used during filming:____________________________________________

Props being used during filming:________________________________________________

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

Requester Signature: _____________________________Date:______________________

Faculty Advisor Signature: __________________________Date:____________________

(If applicable)
Approved by:________________________________________Date:__________________

(Library manager signature)