

Date: ____/____/____

Fondren Filming and Photography Request Form

Name: _____

Email: _____

Telephone: _____

Department and Course Number: _____

Faculty Sponsor: _____

1. Film Date: ____/____/____

Film Time: _____

2. Desired Location (view policy for restricted areas): _____

3. Scene Description: _____

4. Additional Crew Members: _____

5. Additional Comments: _____

Signature of Requester

Date

Signature of Faculty Sponsor

Date

Library Staff Approval

Date

Return signed form to Fondren Library Main Desk, at least 5 business days prior to filming date.

Fondren Library Main Desk
ATTN: Elizabeth Killingsworth