Hamon Filming and Photography Request Form

Name: __________________________
Email: __________________________ Telephone: _________________________

Department and Course Number: ________________ Faculty Sponsor: ________________

1. Choose your desired library:  ☐ Fondren Library ☐ Hamon Library

2. Film Date: _____/_____/______ Film Time: ______________

3. Desired Location (view policy for restricted areas): __________________________________________

4. Scene Description: _____________________________________________________________

5. Additional Crew Members: _______________________________________________________

6. Additional Comments: ___________________________________________________________

_________________________________________   __________________________
Signature of Requester                     Date

_________________________________________   __________________________
Signature of Faculty Sponsor               Date

_________________________________________   __________________________
Library Staff Approval                     Date

Return signed form to the Hamon Circulation Desk, at least 5 business days prior to filming date.

Hamon Circulation Desk
ATTN: Beverly Mitchell