

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### 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