

Filming Request Form

Date of request: _____

Name, phone number, and email address of person making request: _____

Affiliation (UW student, faculty, or staff; news agency; freelance journalist): _____

Purpose of the project (course work, news story, professional production): _____

If for a course, department: _____ course number: _____
instructor's name: _____

Names of those participating in filming project (actors, technicians): _____

Proposed date(s) and time(s) of filming: _____

Proposed location(s) in the library of filming: _____

Equipment to be used: _____

Dialogue, music, or other sound effects to be used, if any: _____

Approved by: _____ Date: _____