

Library Photography/Video Request Form

(to be completed at least 5 days prior to intended date)

Name of person responsible: (please print) _____ Date: _____

Affiliation: Student Faculty Staff News Agency Community Member

Telephone Number: _____

Grizzly ID #: (if OU student) G**** _ _ _ _ (last 4 digits only)

Email: _____

Purpose of the project: Course work News Story Professional production

Other (describe): _____

Photographic shoot information:

Date and Time: _____

Location: (include floor and area; be as specific as possible)

Description of any particulars involved (moving furniture, how many crew, equipment used, music or sound effects, etc.)

Name(s) of those involved:

Course instructor, if applicable: (printed name and signature)

Signature of person assuming responsibility: _____

Library Use Only:

Approved by _____ Date Approved: _____