



Request to Photograph or Film in the University Library

Requester: _____ Phone: _____ Date: _____

(Please indicate one of the following)

Sacramento State Student	Sacramento State Faculty or Staff
Class/Org. Name: _____	Dept./Org. Name: _____
Instructor/ Org. Advisor: _____	Dept./Org. Phone: _____

Non-Sacramento State If so, name of your organization: _____

Org. Phone: _____

Name of project/reason you need to film in the library:

Describe library location(s) to be used:

Filming dates and times (please list all times/dates you plan to film):

Number of project team members involved in filming: _____

Equipment being used during filming:

Props being used during filming:

You will be required to provide a script or storyboard of your work prior to filming. Sacramento State students, faculty, and staff are required to use the attached release form to obtain consent form all subjects.

I agree that neither I nor members of my Project Team will disturb or interfere with library staff or users while we film or photograph. I acknowledge that permission to film or photograph within the library will be revoked if complaints are received.

Requester Signature _____ Date _____

Approved by _____ Date _____

(Library Administrator Signature)