

Filming Request Form

Denison University Library
Granville, OH 43023

Date of Request: _____

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

Affiliation (student, faculty, staff):

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

If for a course, department and course number: _____

and professor's name: _____

Names of those taking part in the filming project (actors, technicians):

Proposed dates and times of filming: _____

Proposed location of filming and equipment set up: _____

Equipment being used: _____

If dialog, music or other sound effects will be used, describe:

Approved by: _____

Date: _____

Have this signed form with you when you arrive to film.