UNIVERSITY OF MISSOURI
ON-CAMPUS PHOTO SHOOT & FILMING REQUEST

Complete and submit a minimum of five (5) working days prior to required decision date.

Office of Senior Director of Auxiliary & Service Operations, (573)882-7255

Person or Group
Making Request:___________________________________________________

Contact:________________________________________________________________________________________

Name ____________________________________________
Day Phone __________________________ Evening Phone __________________________ E-mail Address _______________________

Mailing Address __________________________________ ZIP ____________________________________________

Name of Client:____________________________________________________
(If Commercial Usage)

Nature of Shoot: Please check appropriate boxes and provide complete, written details of intended usage:

- Interior Still Photos
- Exterior Film
- Video
- Commercial
  - Feature Film/Documentary
  - Print Advertising (List Publications)
  - Broadcast Advertising (List Stations)
  - News (Name Program and Network)
  - Charitable/Not-for-Profit
  - Individual/Bridal

Details: Please include script or other detailed material.
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Requested Date(s): _____________________ Time: ___________ to __________

Requested Site(s): Please be very specific. Refer to locations by building names and numbers on attached map.
________________________________________________________________________________________
________________________________________________________________________________________
People: Please provide Names and Titles of all people who will come onto the campus for shoot.

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Vehicles: List and describe all vehicles to be brought onto campus. Asterisk (*) those needed at the shoot site(s).

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__________________________________________________________________________________________

Releases: I understand and agree that it is my responsibility to secure releases from the persons photographed or video recorded in the course of the shoot.

___________________________________________________________

Signature

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Initial Inquiry: Date:__________  Time: ________a.m. / p.m.
Forms Sent:  Date:__________  Time: ________  [ ]Fax  [ ]Mail  [ ]Pick-Up

Documentation:  
1. Insurance Certificate Date:__________
2. Conditions for Use Date:__________
3. Photo Shoot Request Date:__________
4. Script/Copy Date:__________

Routing:  
[ ]MarComm  [ ]Operations  [ ]MUPD
[ ]Other:________________________________________

Approval:  
[ ]Granted  [ ]Denied  Date:__________