

UNIVERSITY OF MISSOURI ON-CAMPUS PHOTO SHOOT & FILMING REQUEST

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

MU 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

Exterior

Still Photos

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).

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

MU Internal Use Only

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: _____
