

Filming / Photography Request Form (Library)

Name:

Campus Card Number:

Course: Tutor:

Names of additional students to be involved:

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Purpose of filming/taking pictures within the Library

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Details of request

| Date(s) requested | Start Time | Finish Time |
|-------------------|------------|-------------|
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I understand that I will be responsible for ensuring that:

- **Permission is gained from anyone who is filmed/photographed**
- **No Health and Safety hazards are created (e.g. tripping hazards from leads/wires)**
- **Other Library users are not disturbed or obstructed**
- **No entrances/exits are blocked in anyway**
- **The sticker provided is displayed at all times**

Signed..... **Date**.....

| |
|---|
| Permission Granted: Yes / No By Staff Member..... Date:..... |
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