**Film & Electronic Arts Department** **Permit #_____**

# REQUEST TO FILM ON CAMPUS

Name: _____ Class: _____ Instructor: _____ Today's Date: _____

Your Job Title: _____ Phone No. _____ Cell No. _____ Work No. _____

E-mail: _____ Production Title: _____ Start Date: _____ End Date: _____

1) Please write a brief description of your project below, to include the total number of people and type of equipment involved, and parking requirements:

2) Complete the information below for each shoot date:

shoot date arrival time filming time estimated departure time specific campus location and/or building name room number (if applicable)

1. _____
2. _____
3. _____
4. _____
5. _____

Note: A campus map marked with filming areas will be required with this application.

3) Briefly indicate any type of technical requirements, to include lights, power source, and other specialized equipment employed at each location:

4) Will you be filming next to a campus street or service road? ____ YES ____ NO

5) Due to production requirements, will traffic need to be controlled by University Police? (note: student will be required to pay for officer's time) ____ YES ____ NO

6) Did you get proper authorization from Safety & Risk Management if your production requires the use of a smoke or fog generator? ____ YES ____ NO _____ N/A

**NOTE**: In addition to this form and a campus map, you are to submit a current copy of the script, storyboards, and any other documentation requested in determining whether or not approval for your production will be granted by the University Police and Campus Events Office.

**NOTE**: Prop weapons (real or toy), to include guns, knives, swords, etc., are prohibited on campus and will NOT be authorized for student film/video productions. In addition, students are prohibited in staging stunts or employing any type of action that may cause bodily injury to either the performer or crew member.

I agree to abide by all CSULB campus policies regarding student film/video productions during the dates and times as indicated above that will take place on campus and will follow all directives and conditions as set forth by the University Police as indicated on this form. Furthermore, I will ensure that all safety measures will be fully employed.

(student's signature) (instructor's signature) (date)

University Police: YES NO _____ _____

Campus Events Office: YES NO _____ _____
(circle one) comments signature date