Photographing & Video-Recording Request Form

Date: __________________________

Name: _______________________________________________________________________

Title: _______________________________________________________________________

Department/Club/Affiliation: _______________________________________________________________________

Phone #: ______________________ Fax #: ________________________________

Email Address: _______________________________________________________________________

Signature: _______________________________________________________________________

Contact information of person making the request (if different than above):

Name: _______________________________________________________________________

Phone #: ______________________ Email: _______________________________________________________________________

Proposed date(s) and times of audio-visual recording: _______________________________________________________________________

Library location(s) selected for the recording: _______________________________________________________________________

Name of people taking part in the recording: _______________________________________________________________________

Equipment to be used: _______________________________________________________________________

Purpose of the project (if recording is for a course project list department, course number and professor’s name): _______________________________________________________________________

______________________________________________________________________________

Please return signed form in person or send by email to askutm.utm@utoronto.ca

Approval: _______________________________ Date: _______________________________

This signed form is required to be presented at the date and time of each specified audiovisual recording activity. With your signature you acknowledge your understanding of the requirements of the Library Code of Conduct and the Photographing & Video-Recording Policy.