

MEDIA REQUEST FORM

Requester Name: _____ Contact Phone: _____

Email Address: _____ Department/Organization: _____

Media Requested:

- Photography
- Videography
- Audio Recording
- Live Streaming
- Other (specify): _____

Description of Media Usage:

Date(s) and Time(s) Requested:

Location(s) of Media Request:

Equipment to be Used:

Additional Notes or Special Requirements:

Approval Section

By signing this Media Request Form, the Requester agrees to comply with all applicable laws, regulations, and institutional policies governing media activities. The Requester acknowledges that all media collected is subject to the rights and restrictions set forth by the institution and that any unauthorized use or distribution may result in legal action. This form does not guarantee approval; final authorization is subject to institutional discretion.

Original source of this document:

<https://form247-us.com/media-request-form/>

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