



Camera Request Form

Event : _____ Date : _____

From : Date: _____ Time _____ To : Date: _____ Time _____

Name of Supervisor /Faculty Member _____

Equipment Request: Person Responsible*

Name _____ Program _____

Reg. No: _____ Cell No: _____

Equipment Name : _____

Detail of shooting (University Premise or outdoor shooting) _____

* The person responsible must ensure that the equipment is left in the same working condition as received.

Supervisor Comments :

Supervisor Signature : _____

Received by : _____

Comments : _____

Signature with date : _____

Requested by
Date : _____

Program Manager
Date : _____

Head of Campus
Date : _____

Note: Please make your request at least 24 hours in advance to the Media Lab/TV Studio

Gate Pass for Outdoor Shooting

Allow for Outdoor Shooting : _____

Program Manager
Date : _____