



# 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 :**

\_\_\_\_\_

Project Duration: \_\_\_\_\_

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**

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**Gate Pass for Outdoor Shooting**

Allow for Outdoor Shooting: \_\_\_\_\_

\_\_\_\_\_  
Program Manager  
Date: \_\_\_\_\_