

Date of Shoot/Screening \_\_\_\_\_



Day \_\_\_\_\_

Start Time \_\_\_\_\_

End Time \_\_\_\_\_

# On Campus Student Film Shoot/Screening Request



Location  
(Room number(s) and/or description of location(s))

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Use the "Studio Request Form" for MP/TV studio request

Student (Print) \_\_\_\_\_

Signature \_\_\_\_\_

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Project Title \_\_\_\_\_

Type of Project:      FILM      VIDEO  
   SOUND      POST      CASTING.

Other: \_\_\_\_\_

Class # and Title: \_\_\_\_\_

Total People (# of Cast and Crew) \_\_\_\_\_

1 **INSTRUCTOR:** I (Print Name) \_\_\_\_\_ certify that the student named above is making this request for an assignment in my course or has received permission from the MP/TV Department Chair for its use and that the space is appropriate for the project and I have reviewed the work and it is appropriate and not inconsistent with maintaining Scottsdale Community College's reputation as a respected institution of higher learning.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

**MPTV Department Chair:**

Katherine Atwell Herbert Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2 **ATTENDING FACULTY or STAFF:** I (Print Name) \_\_\_\_\_ will be in attendance at this shoot/screening. If I am unable to attend I will inform the Campus Facilities Coordinator asap.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

*No Room will be unlocked without the "Attending Faculty or Staff" person present.*

3 **LOCATION DEPARTMENT CHAIR or DESIGNEE:** Print Name: \_\_\_\_\_

*Check One:*

- I certify I have checked availability and the space(s) listed above "**are available**" and hereby grant permission to the student named above for the use of the Location(s) described above.
- The student named above has my permission to use the Location(s) listed above. The student must check availability with my Designee ( \_\_\_\_\_ ) or the Campus Facilities Coordinator before final approval can be made.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

4 **CAMPUS FACILITIES COORDINATOR or Designee :** I (Print Name) \_\_\_\_\_ certify that I have confirmed reservation of the above location(s) and hereby approve this request.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Reservation # \_\_\_\_\_ Notes: \_\_\_\_\_

5 **CAMPUS SAFETY (480-423-6175)** Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Entered Into Log: \_\_\_\_\_

All Signatures above are required and must be obtained no later than 10 days prior to the shoot date(s) to guarantee services and/or facilities requested. If this form is not turned back in to the MP/TV cage by 10 days in advance of the event, your facility reservation may be cancelled. Students are not allowed to be in any building without a faculty or staff person present. Student must keep this form with you at all times during shoot. At no time may the Student use images of the Facilities in a manner that would, in the sole opinion of MCCC, harm the reputation of MCCC, including advertising for smoking devices or alcoholic beverages, or for programming that is inappropriate in light of community decency standards.