

Today's Date

## Request for Videotaping/Photographing Recording an Event

This form must be filled out anytime: 1. an external organization plans to record the event, or 2. the recording is intended to be used off-campus.

Updated 08/09/06

### Contact Information

Name:

Organization:

Phone Number:

Email Address:

<b>Office Use Only:</b>
Approved: <input type="text"/>
Not Approved: <input type="text"/>
Reason for Denial: <input type="text"/>

### Event Information

Event Title:

Event Location:

Date:

Who will be videotaping?  SOLAR ID# (if applicable):

Photographer Relation to SBU (check one):  Internal Stony Brook Faculty/Staff/Student  External (Non-SBU)

Who will receive copies of recording?

Where will the recording be used?

Videotaping Start Time:  Videotaping End Time:

Do you expect any media coverage? (i.e. C-SPAN, News 12, Newsday, etc.)

Description of all Videotaping (stage, audience, individuals, etc.):

Will any portion of the recording be used outside the Stony Brook community? If so, list all uses:

Why are you videotaping this event?

Request for videotaping must be submitted at **least 2 weeks** prior to the event. Access to feed sound directly from SAC/SBU sound system to photographer may only be accomidated if requested at least 2 weeks prior to the event. Submit application to Hedieh Resciniti in SAC 220 or by email at [hedieh.resciniti@stonybrook.edu](mailto:hedieh.resciniti@stonybrook.edu). If you have any questions, please contact the Facilities Reservations Office at 631.632.4591

### Disclaimer:

I hereby agree to all of the above. Further, I acknowledge that if an external photographer is used I am required to recieve a completed waiver form from everyone who will be videotaped at this event. If a waiver is not recieved from everyone, no taping will be allowed.

Signature of Videographer(s): \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_

Signature of Event Organizers(s): \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_