



Request to Film

Name _____ Room Number _____ Date _____

Email _____ Phone Number (_____) _____

School: DePaul Columbia Roosevelt Robert Morris

Filming Date: _____ Location requesting: _____

Start Time: _____ a.m. p.m. End Time: _____ a.m. p.m.

Purpose of Film:

What will the actors be doing during the filming within the UC:

Please provide names of people being filmed:

Props being used:

By signing this form, all parties involved in the filming process agree to follow all rules and guidelines maintained in the University Center Resident's Handbook.

Signature _____ Date _____

Approved by _____ Date _____

Please allow 72 hours for a decision regarding your request to be made. Any inquiries regarding University Center's decision can be made in the Management Office.