



DATE: _____
TO: Campus Security
FROM: Matthew Moore/Dan Gurskis
RE: STUDENT FILM PRODUCTION

STUDENT'S NAME: _____

STUDENT'S ID NUMBER: _____

This student has been granted permission by the department to hold a motion picture film shoot at the following locations and times:

DATE	LOCATION	HOURS
_____	_____	_____
_____	_____	_____
_____	_____	_____

Unless indicated, no vehicles are involved. The student has also submitted forms to the *Office of Student Life* to arrange for this shoot.

Your assistance is greatly appreciated and thank you in advance for your cooperation.

Faculty Approval:

Faculty Member (PRINT NAME)

Faculty Member (Signature)

Authorized Representative: _____

Authorized Signature: _____