CSUSB Recreation & Wellness Request Form for Photos & Video Recordings

For safety and security purposes, all media and academic/class project requests for photos and video recordings in Recreation & Wellness facilities and programs must receive prior approval. Off-campus/media requests must receive initial approved by the Office of Strategic Communication prior to submitting request to Recreation & Wellness. Academic/class project requests must have initial approval by the professor of the class prior to submitting request to Recreation & Wellness.

All requests will receive an email response and be handled in an efficient and professional manner. To process the request, please complete all of the information fields below and submit to the SRWC Membership desk or email to michael.wong@csusb.edu, at least two full business days prior to your request date.

Requestor's Contact Information

Print Name:	Today's Date:	_
Phone number:	Email:	_
Coyote ID # (if applicable):	Media outlet (if applicable):	_
Initial Approvals		
ACADEMIC/CLASS PROJECT: Pro	ofessor/Faculty Member Approval	
Print Name:	Today's Date:	_
Signature:	Email:	_
OFF-CAMPUS/MEDIA REQUEST:	Office of Strategic Communication Approval	
Print Name:	Today's Date:	

Signature: ____

Email: _____

Request Information

Please state in detail the purpose of the photos / video recording; if this is for a class project, list the class:

Please list all specific areas that photos / video recording will take place:

Please specify desired dates and times the photos / video recording will take place:

Please specify the individuals, if any, who will be subjects in the photos / video recording:

Please specify the how individuals will provide consent to be the subjects of the photos / video recording: *It is recommended that you provide subjects with a photo/video release form that they sign and you retain.*

This form is only a "request." An email will be sent upon confirmation of date/time availability. Once confirmed, the "Contact's" name as listed on this request form cannot be changed without approval of the Director of Recreation and Wellness, or their designee.

I have read, understood, and agree to all of the instructions on the request form and have filled out all information accurately.

(Signature) (Date) FOR USE BY RECREATION & WELLNESS STAFF ONLY: **Request:** Approved / Denied By: _____ Date: _____ **Special Circumstances / Notes:**