



EMERSON COLLEGE

Television, Radio & Film Production (TRF)
617-824-8978

REQUEST FOR ON-CAMPUS LOCATION PERMIT - FORM A1

Student Name: _____ Date of Request: _____

Address: _____

Phone: _____ e-mail: _____

Course/Organization: _____ Faculty Member or Advisor: _____

NOTE: USE SEPARATE FORM FOR EACH LOCATION.

Location
Requested: _____

Date Requested: _____ Time Requested: _____

Description of shoot:

Crew:

Cast:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Equipment, Props, and sets to be brought to the location:

I understand and agree to abide to the Emerson College Policies and Procedures for shooting on Emerson College property.

Student Signature: _____

Date: _____

FACULTY/ADVISOR SECTION:

I have reviewed the proposed project and agree that the above items noted are part of and required for completion of my course assignment (or College approved activity) and represent a valid list of requirements for their project. I support the student's request for services and location approvals.

Faculty Member's Name (please print): _____ Phone: _____

Faculty Member's Signature: _____

Date: _____

TRF/ADMINISTRATION APPROVAL SECTION:

Building Manager (please print):

_____ Phone: _____

Building Manager
Signature: _____ Date: _____

Public Safety Signature (if
necessary) _____ Date: _____

TRF Signature _____ Date: _____

SPECIAL NOTATIONS:
