



Syracuse University Library Request to Photograph/Video/Film in Syracuse University Library Facilities

Name _____ School _____

Address _____

Department/Organization _____

Phone (day) _____ SU I.D. No. _____

Please check the box that applies:

FACULTY STUDENT STAFF OTHER (specify) _____

Course Number/Name _____

Faculty Advisor for Project _____

Date(s) filming will take place _____ Time (from) _____ (until) _____

Library areas or department(s) involved _____

Will this be used for a:

PAPER ARTICLE OTHER (please specify) _____

Please provide a description of your project:

NOTE: *Please keep in mind that library staff are working and prefer not to be photographed/filmed.*

By signing this Request, I hereby:

- (a) acknowledge that the law may require me to receive the consent of every person photographed/videotaped/filmed and that failure to receive such consent may result in litigation against me. I understand that I am solely responsible for acquiring the consent of each person photographed/videotaped/filmed;
- (b) acknowledge that I am solely responsible for the content of the photographs/videotapes/films and how they are used;
- (c) agree that I am not using the photographs/videotapes/films for any commercial or news media purposes; and
- (d) acknowledge that I have received and read a copy of the *Guidelines for Photography, Videotaping, and Filming in the Syracuse University Library*, and agree to follow those guidelines and procedures.

signature

date

For Library Use:

Approved Not Approved

authorized by (signature)

date

Comments: _____