Guidelines for Photography, Videotaping, and Filming

INTRODUCTION
These guidelines apply to all facilities of the Syracuse University Libraries: Bird Library, Carnegie Library, the Belfer Audio Archive, and the Architecture Reading Room.

Visitors to the campus or the SU Libraries are welcome to take a few photographs for their personal use without formal authorization from Libraries Administration, providing library staff and users are not inconvenienced in any way. All other photography, video, or filming requests must be approved by Libraries Administration according to the guidelines and procedures below. Photography, videotaping, or filming for commercial or news media purposes must be cleared first through the Syracuse University Office of News Services and Publications, 820 Comstock Avenue, 315.443.3784.

GUIDELINES
Use of photographic, videotape, or film equipment within the libraries:

» Must not interfere with the study, research, privacy, or safety needs of Library users;
» Must not violate any Syracuse University policies, rules, or regulations;
» May not hinder access to exits, stairways, corridors, doorways, and other library facilities;
» May sometimes be restricted during midterms or near final examinations.

Those wishing to make extensive use of photographic, video, or film equipment, use lights or tripods, or shift (or otherwise make use of) library materials or furniture, must also:

» Schedule the project for a period of low library usage;
» Minimize disturbance to library staff and users;
» Minimize re-arrangement of furniture or library materials, return any furniture used to its original location, and place library materials in designated locations for reshelving;
» Keep in mind that SU Libraries staff prefer not to be filmed or photographed when working.

PROCEDURES
1. Complete the Request to Photograph/Videotape/Film in SU Libraries Facilities form on the reverse side of this page. Printed copies of this form are also available in the Administration Office, Bird Library, Suite 219, at the Carnegie Library service desk, or online at library.syr.edu/policy/index.php;
2. Submit the completed request form for review at the Library Administration Office (Monday–Friday, 8 a.m.–5 p.m.) as far in advance of the requested time as possible;
3. Receive a copy of the approved and signed request form;
4. Be prepared to present the approved request form to library staff upon request at any time in which photography/videotaping/filming is taking place;
5. Obtain the prior consent of any individual who is to be the subject of the photography/videotaping/filming.

RIGHT TO TERMINATE
The SU Libraries reserve the right to terminate any photography, videotaping, or filming that causes an undue disturbance, violates library or University policies or regulations, or endangers the health and safety of participants, library patrons, and library staff.

QUESTIONS
Contact the Library Administration Office, 315.443.2573. Thank you for your cooperation. Visit Syracuse University Libraries online at library.syr.edu.

2017-04-27
REQUEST TO PHOTOGRAPH/VIDEOTAPE/FILM IN SU LIBRARIES’ FACILITIES

Your Information

Name ___________________________________________________________ SU I.D. ______________________________________________________

School/College ___________________________________________________ Department/Organization _______________________________________

Address ______________________________________________________________________________________________________________________________________

Phone (day) ___________________________________________________________ Email ___________________________________________________

Status  Faculty  Student  Staff  Other* (specify)____________________________________________________________________________

*NOTE: Requests from commercial, news, or other external agencies must provide clearance from the SU Office of News Services.

Course Information

Course title ___________________________________________________________________________________________________________________________________

Prefix _________  Number _____________  Section _____________  Faculty advisor for project _______________________________________

Filming Date(s)_______________________________________________________  Time ____________________ a.m./p.m. – _______________ a.m./p.m.

Areas or department(s) involved* __________________________________________________________________________________________________________

For  Paper  Article  Other (specify)_______________________________________________________________________________________________________

Description of project ______________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________

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

By signing this request, I hereby:

1. 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;

2. Acknowledge that I am solely responsible for the content of the photographs/videotapes/films and how they are used;

3. Agree that I am not using the photographs/videotapes/films for any commercial or news media purposes;

4. Acknowledge that I have received and read a copy of the Syracuse University Libraries’ “Guidelines for Photography, Videotaping, and Filming” and agree to follow those guidelines and procedures.

Signature ____________________________________________________________________________________________  Date _____________________________

FOR LIBRARY USE

 Approved  Not Approved  Authorized by ___________________________________________  Date _____________________________

Comments____________________________________________________________________________________________________________________________________