



Ref. No.: _____

Date Submitted: _____

Filming Permit Request

Department: _____		Request Date: _____		Mail Code: _____	
Department E-Mail: _____			Extension: _____		
Requestor Name: _____		Badge: _____		E-Mail: _____	
Affiliation: <input type="checkbox"/> Student		<input type="checkbox"/> Faculty		<input type="checkbox"/> News Agency	
<input type="checkbox"/> Freelancer		<input type="checkbox"/> Others (specify): _____			
Proposed Date of Filming: (from) _____		(to): _____		Proposed Time: _____	
Proposed Filming Location _____		College: _____		Department: _____	
Brief Idea of the Project: _____					
Purpose of the Project: _____					
Filming Type: <input type="checkbox"/> Documentary		<input type="checkbox"/> Short Film		<input type="checkbox"/> Commercial	
<input type="checkbox"/> Feature Film		<input type="checkbox"/> Others (specify) _____			
Number of Crew & Cast: _____		<input type="checkbox"/> Adult		<input type="checkbox"/> Teen	
		<input type="checkbox"/> Children			
Cast & Crew Names: 1. _____		6. _____			
2. _____		7. _____			
3. _____		8. _____			
4. _____		9. _____			
5. _____		10. _____			
Equipment to be used for filming: 1. _____		6. _____			
2. _____		7. _____			
3. _____		8. _____			
4. _____		9. _____			
5. _____		10. _____			
OTHERS: <input type="checkbox"/> Dialogue		<input type="checkbox"/> Music		<input type="checkbox"/> Sound Effects	
		<input type="checkbox"/> Others (specify): _____			
DEPARTMENT HEAD APPROVAL					
Name: _____			Signature: _____		
Position: _____			Date Signed: _____		

UNIVERSITY RELATIONS & MEDIA AFFAIRS USE ONLY:

VIDEO PRODUCER COMMENT:

Approved Disapproved

Signature: _____ Date Signed: _____

OTHER COMMENTS:

NOTED BY PRODUCTION UNIT: (Name & Signature) _____ Date: _____

DEPARTMENT HEAD APPROVAL:

Signature: _____ Date: _____

Copy of Release Form Sent by E-Mail

Date Sent: _____

E-Mail Confirmation Copy Attached