

**Library Request to Film Contract**  
**University of La Verne Wilson Library**  
**2040 Third Street**  
**La Verne, CA 91750**  
**Phone: (909) 448-4304**  
**Fax: (909) 392-2733**

Name \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Course Number & Title: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_

Library Location of Filming Project: \_\_\_\_\_

Date of Filming Project: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Purpose of the Film Project:** (circle one)

- Research Purposes       Classroom Presentation       Journalistic Purposes

**INSTRUCTIONS:**

After obtaining all necessary authorizations and signatures send or fax your request to Wayne Thurston in the Library Administration office. Library authorization of your filming project will be sent to you via e-mail. Upon your arrival please check in at the front desk and present a copy of your authorization to a library staff member. Authorization will not be granted without prior consent. Your request must be received 48 hours prior the above stated project date.

**Research purposes** (i.e. gathering data from human participants or from archived records about individuals) in a systematic method and analysis intended to contribute to general knowledge in a field) intended for presentation or publication beyond the classroom). **Submit your request to the Library Administration Office after obtaining prior authorization through the Institutional Review Board (IRB)**

**Classroom presentation:** (i.e., research intended to only be presented or written for a specific class). **Submit your request directly to the Library Administration Office after obtaining the classroom instructor's signature.**

**Journalistic Purposes:** (i.e., TV documentary or other broadcast purpose). **Submit your request directly to the Library Administration Office after obtaining the Course Instructor or Journalism Department Chair's signature.**

**I understand and agree that:**

1. I will respect the privacy and will not disturb other patrons that are studying
2. An appointed faculty member or I will monitor the behavior of all those participating in the event. I understand that behavior considered by the library faculty or staff to be disruptive will be cause for loss of future filming events.
3. Filming will not occur unless the signed notification/contract has been received and confirmed 48 hours prior to the event.

**By signing this contract I accept all responsibility and agree to abide by the conditions described above.**

Student/Project Manager Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Class Instructor/Program Chair Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Library Authorization Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Wayne Thurston, Library Administration Office