



STEPHENS COLLEGE DIGITAL FILMMAKING
ON-CAMPUS STUDENT FILMING APPROVAL FORM - HOUSING

General Student Information:

Student's Name: _____ Date of Submittal: _____
Email: _____ Phone Number: _____
Professor's Name: _____ Course Number: _____

Student Housing Areas:

Housing Area: _____ Date: _____ Times: _____

Occupants' Signatures: 1) _____ 2) _____
3) _____ 4) _____

RA Signature: _____

Personnel & Equipment - Indicate Number of Each Staging Location:

Cast/Crew/Extras: _____ Children: _____
Outlets expected to be used: _____
Intended source of power: _____
Lights: _____ Generators: _____ Amps : _____
Description of lighting scheme : _____
Staging location - Equipment: _____
Staging location - Actors: _____
Staging Location - Craft Services: _____

Room Activity: _____

**NO firearm props, pyrotechnic or smoke effects are allowed.

Will the furniture be moved: Yes No
Will anything be hung on walls: Yes No
Will food/beverages be in the room: Yes No
Will props be brought in: Yes No
Animals: Yes No
House power: Yes No
Noise level: Yes No