



STEPHENS COLLEGE DIGITAL FILMMAKING
ON-CAMPUS STUDENT FILMING APPROVAL FORM

General Student Information:

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

Student Filming Area #1

Area of Campus #1 : _____
Date: _____ Times: _____

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



Student Filming Area #2

Area of Campus #2 : _____

Date: _____ Times: _____

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

Signature: _____



Student Filming Area #3

Area of Campus #3 : _____

Date: _____ Times: _____

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

Signature: _____