THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER

UT Health Science Center Campus Film and Photography Request Form

Requesting Organization Details

- Name of Organization/Production Company: _____
- Primary Contact Person: _____
- Contact Title/Position: _____
- Contact Email: _____
- Contact Phone: _____

Project Details

- Project Title: _____
- Project Description: _____
- Proposed Use of Content: _____
- Purpose of Filming/Photography: _____

Requested Location and Date/Time

- Campus Locations Requested: _____
- Date(s) Requested: _____
- Start and End Time: _____

Logistical and Technical Requirements

- Equipment to be Used: _____
- Number of Crew Members: _____
- Proposed Set-Up Area: _____

Proposed Consent and Release Plan

- Consent Procedure: _____
- Release Plan for Interviewees/Participants: _____

Privacy and Sensitivity Considerations

- Measures to Ensure Privacy and Sensitivity: _____
- Steps to Ensure Compliance with UT Health Science Center Policies: _____

_____

Additional Information/Requests

- Special Requests or Considerations: _____

By submitting this form, I acknowledge that I have read and understood the UT Health Science Center Campus Content Capture Protocols. I agree to comply with all protocols, procedures, and guidelines set forth by UT Health Science Center, and I understand that permission must be granted by the Office of Communications and Marketing prior to capturing any content on campus. I will abide by the decisions and guidelines provided by UT Health Science Center.

Signature: _____

Please submit this form at least two weeks prior to the requested filming date to the Office of Communications and Marketing. Submission does not guarantee approval. For inquiries or assistance, please contact **communications@uthsc.edu**.

UT HEALTH SCIENCE CENTER®