

Instructions:

- **Complete one form for each location.** Fill out as much of the form as possible on the computer.
- Forms must be completed **at least two weeks prior to the scheduled shoot.** The permission process takes **at least** two weeks minimum to go through all the levels including Department, area Management if necessary, and Security.
- Fill out **ONLY** Sections on "Student Information" and "Location Information".
- Send or take the form to Melinda at m.tallin@uwinnipeg.ca or room 3T03.
- Your request will be submitted by the department to Security for approval, and Events for information.

If the Location is a specific area:

- If the location is a specific area in the University (eg., Library, Cafeteria, RecPlex, etc.), you must secure the area Manager's signature.
- Contact the Manager of the requested location for their approval and have them date and sign the form (electronically or hard copy) on the first line of the Authorization section below.
- Submit the completed form back to Melinda at m.tallin@uwinnipeg.ca or room 3T03.
- If the location is a general area, OR once form with Management signature is submitted:
 - Melinda will review and e-mail all forms to Security requesting Security approval, and to Events for information.
 - The Security Supervisor will forward approval to Melinda, then file the form(s) in the appropriate binder in the Security Office.
 - Melinda will forward Security's approval to the student.

PLEASE NOTE:

- **Each request will be considered separately, and on a case-by-case basis; as the health and safety situation changes so might the priorities of the UW and the Department, and there is no guarantee any single request will be granted.**
- The student must have a copy of the approval WITH ALL SIGNATURES (electronically or in hard copy) available during filming.
- All Health & Safety protocols must be followed on location shoots, including cleaning areas before and after use. masks and social distancing are highly recommended.

STUDENT Information

Name _____ Student # _____
 Phone _____ E-mail _____
 Course _____ Instructor _____

SHOOT Information – PLEASE BE AS EXACT AS POSSIBLE

Use a second page if necessary to include all information

Describe the activity including any props and special effects _____

What are the dates of the activity? _____

What are the times of the activity? _____

List Names and Student # s of those involved in the shoot.

LOCATION Information – If you are using a specific area on campus

Location Name _____

University Contact Person (eg Manager – Name & Title) _____

Phone Number _____ E-mail _____

AUTHORIZATION – TWO-STEP AUTHORIZATION

1) Area Management Approval (if necessary):

As the person responsible for the location named above, I hereby authorize this film shoot.

Signature: _____ Date: _____

2) Security Approval:

Security Authorization: _____ Date: _____