

PHOTO SHOOT REQUEST FORM

PLEASE COMPLETE ALL INFORMATION

Project Name _____

Date Sent _____ Shoot Date _____

Shoot Time _____

Department _____

Requestor _____ Ext. _____

Authorizing Name (required) _____ Ext. _____

Acct. Number (required) _____

PRIMARY DEPT. CONTACT AT EVENT _____ Ext. _____

Prints Total Quantity _____ Size(s) (#/size) _____

Delivery information (Building address, floor and contact nar

Please describe the photo shoot in detail (who, what, when, where, etc.).

What do you need photos of?

How are these images being used?

To whom should these images be distributed, and when?

DESIGN & EDITORIAL SERVICES USE ONLY

Photographer _____ P.O. # _____

Art Direction _____

Please email the completed form to: photography@jwu.edu. Call 598-2359 with questions.