

Film approval request form

For video, cinematography, or film related to Towson University, please complete this form for review and approval.

CONTACT INFORMATION

- **Name:** _____
- **Email Address:** _____
- **Phone Number:** _____

PROJECT DETAILS

- **Date and Time of Filming:** _____
- **Length of Shoot:** _____
- **Desired Location(s) within Albert S. Cook Library:**

PROJECT DESCRIPTION

Brief explanation of project and reason for filming at Cook Library:

DISTRIBUTION / USAGE INFORMATION

How and where will the video/photos be used?

RULES & AGREEMENT

By signing below, you acknowledge that you understand and agree to the following conditions while filming in Albert S. Cook Library:

- Filming must **not disturb library patrons or services**.
- **Furniture and library materials (including books)** must not be moved, rearranged, or removed.
- All filming activities must **adhere to the library's building access hours** and any additional staff instructions.
- Filming may be paused or stopped at any time if these rules are not followed.

Signature: _____ Date: _____

LIBRARY STAFF USE ONLY

- ☐ Approved ☐ Not Approved
- Reviewed by: _____
- Date: _____
- Notes/Conditions:



Submit completed form to: libraryspaces@towson.edu OR to the Library's Ask Us Desk



Please allow up to two days for processing.