

Film approval request form

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

• Email Addr	MATION ress: mber:	
 Length of S 	Sime of Filming:Shoot:scation(s) within Albert S. Cook Library:	
PROJECT DESCRI	PTION 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.