

**UNIVERSITY OF CALIFORNIA, SANTA CRUZ**

**LOCATION SHOOT/VIDEO USE SERVICE REQUEST**

Please complete this request for services with as much information as possible regarding your production. Then send the form to Carolyn Lagattuta at [clagattu@ucsc.edu](mailto:clagattu@ucsc.edu). After we receive your completed form, we will advise you if your project fits within our guidelines and available resources. **Note:** All requests require at least 10 working days notice.

Date \_\_\_\_\_  
Company name \_\_\_\_\_  
Responsible party/Title \_\_\_\_\_  
Contact/Title \_\_\_\_\_  
Mailing address \_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_  
Fax \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Company web address \_\_\_\_\_

Commercial status of company (check one):  Non-profit  
 For-profit

Check all that may be needed for your project:

Location shoot Time frame: \_\_\_\_\_  
 Archive footage By what date: \_\_\_\_\_  
 Interview: \_\_\_\_\_  
 Other: \_\_\_\_\_

Expected date of broadcast or distribution:

\_\_\_\_\_

Describe the project in detail and how the requested materials will be used (attach additional pages):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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