



PHOTO VIDEO REQUEST



Division of
Marketing and
Communications

*Information provided with
this form will aid in
focusing the objectives of
your request and
identifying your goals.*

Division of Marketing
and Communications

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Client Information

Department: _____

Contact Person: _____

Email: _____

Phone: _____ (office) _____ (cell)

Date of Request: _____ Images Needed By: _____

Photo/Video Shoot Details

Event Date: _____ Start and End Times: _____

Time Photographer/Videographer Needed: _____

Contact at Event: _____

Email: _____

Phone: _____ (office) _____ (cell)

Location (building, room number, off-campus address, etc.):

Event Description:

*Description of photos/video to be taken — candid, portrait, specific people (names), groups (and number of people), moments, etc. **Please be specific.***

Event Attire: Casual Business Casual Business

Specific photographs required: _____

Horizontal Vertical Wide Close-up

Photo/Video Usage

Publication/Broadcast (please specify): _____

Website (please specify the section/department or feature):

Email completed form to jeannine.hashey@umit.maine.edu.