



UNIVERSITY OF THE
INCARNATE WORD

Photography Request

Requester Information

Department/Group Name:	Event Title:
Event Date:	Event Time:
Contact Name:	Contact Phone & Email:

Location of event:
Specific times photo needs to be taken:
Who is your audience?
Will you need photo release forms?
If digital pictures are taken, would you like a disk of the photos?

Photo Shoot Information

What or who is the subject matter that will be photographed? (Name of specific person, awards, etc.)
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Public Relations Office Usage

Date Received: _____	Film: _____	Disk Made: _____	PR Staff _____
Due Date: _____	Prints: _____	Digital Photos: _____	Disk sent to: _____