VIDEO PERMISSION REQUEST FORM

I __________________________________________ would like to request permission from the (printed name)
Rollins College Department of Music (here forward referred to as the Department) to video tape a performance in the Tiedtke Concert Hall on _______/_______/_______ at ____________.
(month/day/year)                  (time, am or pm)

By making this request and signing this form I am acknowledging that the performance on the above date is reflective of and belongs to the Department. If the Department grants permission to video this event I understand it is intended for my personal use only and it will not be published (e.g. YouTube, etc.) or mass produced in any way.

I also understand the balcony will be closed for the above performance and any video recording must be made from the main floor of the Tiedtke Concert Hall. On the above date the stage manager will provide access to the hall no earlier than one hour prior to the above performance time unless arrangements have been made at least ten school days in advance of the above date with the Department Hall Manager (Sherry Orr).

_________________________________________                            _____________________
Student Signature      Current Date

---Take form to Sherry Orr. Do not write below this line. For The Department Use Only---

Date Request Received: _______/_______/_______              Received by: ____________
(month/day/year)                                                 (initialed)

Request Granted: _________________________________________     Date: _______________
(Signature of the Department Chair)

Request Denied: _________________________________________     Date: _______________
(Signature of the Department Chair)

Date Student notified by email: _______/_______/_______     Email sent by: ____________
(month/day/year)                                         (initialed)