

FILM VIEWING REQUEST

Please complete and submit this form with a **Space Request Form** for all campus events at which films will be presented. Film activities that are presented by faculty for their class meetings should be scheduled through the Office of the Registrar. The intent of this form is to capture all relevant information related to the nature of the event in order to ensure compliance with U.S. copyright laws.

All spaces scheduled through University Event Scheduling (UES) are considered public event spaces. All film showings, regardless of format, require copyright permission in the form of a license or certified permission from the copyright holder.

UES may be permitted in limited circumstances to grant exceptions based on the answers given to the following questions:

Host Department/Organization _____

Department/Organization Account Number _____

Authorized Contact Name _____

Phone Number _____ **Email** _____

Film(s) Title _____ **Expected Attendance** _____

Event Date(s) _____ **Start Time** _____ **End Time** _____

Film Type Feature Film Documentary AU/Student Produced Film Other (please describe) _____

Film Origin United States Other Country (list country of origin) _____

How will you obtain the copy of the film(s)? (check all that apply)

Film Distribution Company (please name) _____

AU Library

Other Source (please name) _____

Please specifically describe the amount of each film you are showing.

Entire Film

1-5 film segments (length of segment) _____

5-10 film segments (length of segment) _____

More than ten film segments (length of segment) _____

Do you plan to do anything else in addition to showing the film (e.g. group discussion, faculty talk)? **Please describe.**

Status of Permission

Permission to show film(s) has been received. (please attach a copy of the purchase order, contract, or letter granting copyright permissions)

We are in the process of securing the rights. (your reservation can only be tentatively held until you submit proof of copyright permissions)

Copyright permissions do not apply to this film because: _____

Signatures

By signing below, I agree to abide by all University Center and campus regulations viewing films. I also recognize that this is a request, not a confirmation and that I should not advertise this event until I have received a confirmation from University Event Scheduling.

Authorized Dept./Organization Rep

Date

Student Organization Advisor

Date