



Video Production Request Form

ALL PRODUCTIONS MUST BE APPROVED BY SUPERINTENDANT OF PROGRAM

Project Title:	Due Date:
Department:	Project Leader:
Budget Code:	Contact #:

What kind of production is it (i.e. meeting/event, commercial, program, series)?

What is the purpose?

Who is the target audience?

What are the objectives and what information or impression should they get from the program?

Is there a script? Yes No

Preferred length of production:

Is there a budget to cover narration, staff, overtime, etc.? Yes No

Do you need to obtain location and talent permissions/clearance? Yes No

What locations will be used for filming?

- 1) Date: Place: Time:
- 2) Date: Place: Time:
- 3) Date: Place: Time:

Is there any A/V material to add to the program (pictures, video art, etc.)?