

PLEASE COMPLETE ALL INFORMATION

Project Name _____

Date Sent _____ Shoot Date _____

Shoot Time _____

Department _____

Requestor _____ Ext. _____

Authorizing Name (required) _____ Ext. _____

Acct. Number (required) _____

PRIMARY DEPT. CONTACT AT EVENT _____ Ext. _____

Prints Total Quantity _____ Size(s) (#/size) _____

Please describe the photo shoot in detail (who, what, when, where, etc.).

What do you need photos of?

To whom should these images be distributed, and wDelivery information

DESIGN & EDITORIAL SERVICES USE ONLY

Photographer _____ P.O. # _____

Please email the completed form to: photography@jwu.edu. Call 598-2359 with questions.