

**SUFFOLK COMMUNITY COLLEGE
MEDIA PRODUCTION DEPARTMENT
PHOTOGRAPHIC SERVICES REQUEST FORM**

(Provide a week's notice whenever possible.)

CONTACT _____ DATE _____

PHONE _____ EMAIL _____

DEPARTMENT _____ CAMPUS _____

EVENT _____

DATE OF EVENT _____ TIME: Beginning _____ End _____

LOCATION: Building _____ Room _____ Other _____

BRIEF DESCRIPTION OF EVENT:

PURPOSE OF PHOTOGRAPHS:

(Participants will be required to sign a release form. Contact is required to get release forms signed and submitted to the Media Production Department.)

TURNAROUND TIME DESIRED: _____

Is there a submission or publication deadline? _____

FINAL USE OF PHOTOGRAPHS:

Web Page _____ Email _____ Newsletter _____ Publication _____

Event Contact will :

- identify and assemble who will be in the photos
- be responsible for sharing and distributing photographs and web links once received from the Media Production Department

(department use only)

SUPPLIES NEEDED:

Other:

ESTIMATED COST: Materials _____

ESTIMATED HOURS: Photo shoot _____ Post-production _____

APPROVAL

Media Department _____

Date: _____

Inter-office mail this form to Victoria Pendzick (Sagtikos 143) or fax to 631 851 6509 attention Victoria Pendzick. *If you have any further questions please call me at 631 851 6427.*