## Request to Photograph/Film James & Abigail Campbell Library, University of Hawai'i – West O'ahu

Submit this completed and signed form to <u>uhwolib@hawaii.edu</u> or mail to: University of Hawai'i – West Oʻahu Library 91-1001 Farrington Highway Kapolei, HI 96707. Please allow a minimum of one week from receipt of completed form for an offical reply. If you have questions, call (808) 689-2703.

Name:		Email:	
Phone:	Address	s:	
Affiliation (check one)	Student	Faculty/Staff	Community Member
Organization OR Course and I	nstructor Name:	<del>0                                    </del>	
Proposed date(s) and time(s) o	f photography/filming:	$\Delta A $	<u> </u>
Briefly describe the purpose ar filming will take place. Attach	nd content, including the nu any additional documents i	ımber of people involved and a	rea(s) of the library that the photography/
mining win take place. Attach	any additional documents	in support of the proposal.	
	PLEASE	READ BEFORE SIGNIN	G
		i- West Oʻahu Library Photography onsibility for loss or damage to equi	/Filming policy. oment at any time while in the library.
Signature:		Date: _	
	FOR	LIBRARY USE ONLY	
Received by:		Date: _	
Approved as sub	mitted		
Conditional appr	oval per changes as request	ed	
Not approved			
Library Director:		Date: _	
Date notified:			