

**Application for the
UC IRVINE STUDENT
FILM AND PHOTOGRAPHY PERMIT**

University of California, Irvine
Student Center & Event Services
A311 Student Center, Irvine, CA 92697-2050
949.824.5252
www.studentcenter.uci.edu

Project Name: _____

Student: _____ **Student ID #:** _____

Student Phone #: _____ **Student Email:** _____

Project Type:

Film Photography Other

Describe: _____

Is this project a class requirement? Yes No

If not, what is the intent of this project? _____

Date(s) Requested:

Shoot Date(s) _____ Prep/Strike date(s) _____

Hours _____

Locations Requested: _____

FX (e.g., fire arms/weapons, stunts, or driving/traveling shots): _____

On Campus Parking Requirements: _____

of Cast & Crew: _____ **# Extras:** _____

I have read the Guidelines for Filming and Photography on the UC Irvine Campus and agree to comply with the Filmmaker's Code of Conduct. I understand that any substantive change in the above information requires resubmission of this application.

Student

Date