



SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT

1717 4th Street Santa Monica, 90401
Gail Pinsker, Community & Public Relations Officer 310.450.8338 x. 70230

REQUEST FOR FILMING & RECORDING

News, Public Information, Promotional, Fundraising and Documentary Use

(Commercial filming, visit <https://www.filmsmm.org>)

This request form is for organizations wanting to film or record SMMUSD students, personnel and locations for broadcast or publication in news, public information, promotional, fundraising or documentary mediums. This allows us to know who is filming, for what purpose, who/what is needed and how we can support this activity. Please complete this form and return it to:

Email: Save it to your computer and send it as an attachment to gpinsker@smmusd.org

To be completed by the Applicant						
Today's Date:						
Organization:						
DBA (if different):						
Production Co. / Network:						
Organization's Phone Number(s):	Main: <input type="checkbox"/> land line <input type="checkbox"/> mobile		Other: <input type="checkbox"/> land line <input type="checkbox"/> mobile			
Do NOT enter personal telephone numbers here. Those come later.						
Street Address:						
City:		ST:		Zip:		
Contact Person:						
Position:						
Contact Person's Phone Number(s):	I prefer to be called at this number: This number is my: <input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> mobile			I may also be reached at this number: This number is my: <input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> mobile		
E-mail:						
Site (School):						

To be completed by the Applicant

Facilities Requested (auditorium, etc.):			
Production Schedule (include date(s) setup and strike times):			
Title of Production:			
Type of Production (news feature, PSA, documentary, etc.):			
Medium (film, still photos, recording, etc.):		Intended Distribution of Product (broadcast, published to web, print, etc.)	
Purpose of the production:			
# of students to be filmed/recorded:		Who are they?	(Attach separate sheet if needed.)
# of District Personnel to be filmed/recorded:		Who are they?	
Faculty Advisor:			
Do students have a specific photo release on file for this filming?	Describe:		
Contact Person's Phone Number(s):	I prefer to be called at this number: This number is my: <input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> mobile	I may also be reached at this number: This number is my: <input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> mobile	
E-mail:			
Parking needed (from when to when):		Estimated number of cars:	
Request for any technology needs:.			
Please tell us anything else we should know about this production:			
501(c)3 designation:	Please provide a copy of the state letter with #		

INSTRUCTIONS: Please Approve or Decline and return to:

Email: Save it to your computer and send it as an attachment to gpinsker@smmusd.org

If you have questions or need to discuss this permit, please contact Gail Pinsker

FOR USE BY SCHOOL ADMINISTRATOR

APPROVED DECLINED APPROVED WITH EXCEPTIONS

Signature does not guarantee approval of the permit application.

_____	_____
_____	_____
_____	_____

School Administrator (signature)

Date

Printed Name: _____

Comments: _____

FOR USE BY SUPERINTENDENT OR DESIGNEE

APPROVED DECLINED APPROVED WITH EXCEPTIONS

_____	_____
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Superintendent (signature)

Date

Printed Name: _____

Comments: _____