

CAMPUS LOCATION REQUEST FORM

Thank you for considering California State University, Dominguez Hills ("CSUDH" or "the University") as the location for your upcoming film project. All students seeking to conduct filming, photography, or video recording on CSUDH campus grounds must complete and submit this <u>Campus Location Request Form</u> in advance. This request will be reviewed by Toro Auxiliary Partners (TAP), CSUDH Risk Management, and other relevant campus departments overseeing the location(s) involved.

Upon receipt of your application, TAP will review the details of your request to determine whether the proposed production can be accommodated. TAP will then coordinate with the appropriate campus location and facilities representatives to confirm availability, assess potential impacts, and address any special considerations or restrictions that may apply.

The University will make every reasonable effort to accommodate approved student filming requests. However, filming will only be permitted under the following conditions:

- The production does not interfere with normal university operations, academic instruction, or scheduled events.
- The filming does not pose an unreasonable safety risk to participants or members of the campus community.
- All necessary approvals have been obtained and communicated prior to filming.
- Students adhere to campus policies, regulations, and the direction of TAP and university staff throughout the production process.
- A staff or faculty member is required during filming if requested by CSUDH Risk Management.

Failure to comply with the above requirements may result in revocation of filming privileges. Students are also responsible for restoring any used campus locations to their original condition and for ensuring that all crew members conduct themselves in a respectful and professional manner while on campus.

We appreciate your interest in showcasing CSUDH and look forward to working with you to support your creative project while maintaining a safe and respectful campus environment.

CSUDH Studen	t CSU	JDH Faculty or Sta	ff Representa	tive	
Last Name	First Na	First Name		CSUDH Email Address	
Course Name	ourse Name		Course Professor's Name		
Additional Student	s in Group Info	rmation			
Full Name		Role or Respons	sbility	CSUDH Email Address	
•					

'roduct	roduction Type		Start Date	End Date	End Date	
Locatio	on Schedule					
Scan the	QR code for the campus	map or visit https://www.csudh.edu	visit-us/campus-map-directions/		Start	Er
Date	Location(s) include	room numbers or dept. section (i.e.	University Theatre - West Exterior)		Time	Ti
	. (El D.					
	ption of Film Projec					
		,,	se of film props, any additional talent or		,	
Safety	& Security Do you a	nticipate any safety or security conce	erns? Are there any department or facilit	ty requests?		
_	•		erns? Are there any department or facilit e turned off, requesting approval for a l	•	n on week	end,
	•			•	m on week	end,
	•			•	m on week	end,
	•			•	m on week	end,
	•			•	m on week	end,
	•			•	m on week	end,
(i.e. filmi	•	a lawn and requesting sprinklers to b		•	m on week	end,
(i.e. filmi Applic By signir	ng on a road, filming on a ant Certification and	d Agreement ertifies that all information is true, co	e turned off, requesting approval for a l	locked classroor	tatements	have
(i.e. filmi Applic By signir been ma	ant Certification and below, the applicant cender. The applicant unders	d Agreement ertifies that all information is true, co	e turned off, requesting approval for a l	locked classroor	tatements	have
Applic. By signir been man Manager	ant Certification and ang below, the applicant certification and and and and and and and and and an	d Agreement ertifies that all information is true, cotands that this request is subject to a y departments as needed.	e turned off, requesting approval for a l	or misleading s	tatements rs, CSUDH	have Risk
Applic. By signir been ma Manager The app damager	ant Certification and and certification and and certification and and below, the applicant understand. The applicant understand agrees to comply we sor violations. The applications.	d Agreement ertifies that all information is true, co tands that this request is subject to a y departments as needed. ith all University policies, filming gui	mplete, and accurate, and that no false additional review and approval by Toro adelines, and campus regulations, and achold harmless California State University	or misleading s Auxiliary Partner	tatements rs, CSUDH	have Risk

obtained and attached to the applic	ation form for full consideration.			
TAP Representative Name	TAP Representative Signature	- ——— Date		

Professor's Signature

Depending on the requested location, additional approval may be required from the appropriate campus department. For example, filming in a parking lot will require written concerns, assessments, or approval from CSUDH Parking Services. Any required written approvals must be

Date

For Internal Use Only

Course Professor Name