

Project Name _____

Date Sent _____

Department _____

Requestor _____ Ext. _____

Authorizing Name (**required**) _____ Ext. _____

Acct. Number (**required**) _____

PRIMARY DEPT. CONTACT AT EVENT _____ Ext. _____

Prints : H E Total Quantity _____ Size(s) (#/size) _____

What do you need photos of? _____

How are these images being used? _____

To whom should these images be distributed, and when? _____

DESIGN & EDITORIAL SERVICES USE ONLY

Photographer _____

Art Direction _____

Please email the completed form to: photography@jwu.edu. Call 598-2359 with questions.