

PRIMARY USER NAME

CARD CHECK-OUT DATE

CARD CHECK-OUT TIME

Month:

Day:

PHONE

CARD CHECK-IN DATE

CARD CHECK-IN TIME

Month:

Day:

KNIGHTS EMAIL

CLASS PROJECT

Please note that only students who have successfully completed the appropriate training process are allowed access to this space.

COPRODUCER (If Applicable)

You may submit this form electronically by downloading the PDF, filling it out in Adobe Reader, saving it, and attaching it to an email from your Knights mail account.

SCHEDULE UP TO THREE TIME SLOTS BELOW (TIME SLOTS MAY NOT EXCEED 4 HOURS).

Please check the Film Operational Portal Activity Calendar before submitting a request.

Month:

Month:

Month:

Day:

Day:

Day:

Time Begin:

Time Begin:

Time Begin:

Time end:

Time end:

Time end:

> No reservation is final until you receive a confirmation e-mail from the Film Operations Desk, and/or your reservation appears on its appropriate Operational Portal activity calendar.

> THE PRIMARY USER is responsible for the timely pick-up and return of the access card, and is liable for any consequences that may be incurred if appointment procedures are improperly handled.

> THE PRIMARY USER is responsible for all parties gaining access to, and using the assigned access card. Do not lend this card to anyone else. Do not leave the room unattended with the door open. Report lost or missing cards or classroom items immediately to the Film Operations. Access card activities are monitored electronically by the Operations Manager.

> By submitting this form THE PRIMARY USER agrees to return the space to its original setup. This means setting machines back to default positions, turning off equipment, removing all personal items, and cleaning up all garbage.

I HAVE READ AND AGREE TO THESE TERMS OF USE

PRIMARY USERS' SIGNATURE

FOR INTERNAL USE ONLY
ASSIGNED ACCESS CARD # _____