



Request for Movie / Video / DVD Viewing Event

Office of Student Activities

College Center, Room 223 ■ 321 E. Chapman Avenue ■ Fullerton, CA 92832-2095
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The Movie/Video Copyright Laws prohibit showing any campus-sponsored movies, films, DVDs and/or audiovisual works to "the public" unless they are instructional or educational in nature. In order to comply with legal mandates, the following information is required for consideration and approval of any movie/film, video, DVD or other audiovisual works as requested by any Fullerton College campus departments, instructional classes, and/or club/organizations. **If sponsored by a club/organization, an advisor must be present during the entire event.**

DATE OF REQUEST: _____ FALL SEMESTER SPRING SEMESTER SUMMER INTERSESSION

NAME OF SPONSORING DEPARTMENT OR CLUB/ORGANIZATION: _____

NAME OF PERSON REQUESTING: _____ TITLE: _____

EMAIL OF PERSON REQUESTING: _____ PHONE NUMBER: _____

*For Clubs/Organizations Only:

NAME OF ADVISOR: _____ ADVISOR'S DEPT. _____ EXT. _____

ADVISOR'S EMAIL: _____

NAME OF EVENT or ACTIVITY: _____

DATE(S): _____ DAYS OF THE WEEK: SUN MON TUE WED THU FRI SAT

EVENT START TIME: _____ A.M. / P.M. EVENT END TIME: _____ A.M. / P.M.

LOCATION: _____ ROOM # OR AREA: _____

*Master Calendar request is also needed

NAME OF MOVIE / FILM / VIDEO / DVD / AUDIOVISUAL WORK: _____

NATURE AND PURPOSE OF THIS VIEWING:

WHAT IS THE EDUCATIONAL AND/OR INSTRUCTIONAL LESSON TO BE GIVEN AT THE CONCLUSION OF THIS VIEWING?

IS THERE A CHARGE TO VIEW THIS MOVIE / FILM / VIDEO / DVD / OR AUDIOVISUAL WORK? YES NO

SIGNATURE OF CLUB/ORGANIZATION ADVISOR (If applicable)

DATE

APPROVED: Director of Student Activities

DATE

*****RECEIVED BY STUDENT ACTIVITIES ON: _____*****

REVIEWED BY S.A. STAFF _____ SENT EMAIL CONFIRMATION ON: _____ BY S.A. STAFF _____