

Media Services Request Form

Directorate of Public Affairs

CONTACT INFORMATION		
Name:	Dept./Organisation:	Date Submitted:
Office Phone:	Cell phone:	Email Address:
REQUEST DETAILS		
Type of Media Coverage: In-House <input type="checkbox"/> External Media <input type="checkbox"/> Both <input type="checkbox"/> In-House Photography Only <input type="checkbox"/>		
Event/Programme Title: (If the event will follow a schedule, attach a programme or schedule of events)		
Objective/Purpose of Requested Coverage:		
Event/Programme Date:	Event/Programme Start Time:	Event/Programme End Time:
Type of Event: <div style="display: flex; justify-content: space-around; margin-top: 10px;"> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> </div>		
Location of Coverage: (include building and room number, if off campus provide complete address)		
Specific needs or details/persons to highlight:		
FOR OFFICE USE ONLY		
Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> Event Confirmed <input type="checkbox"/>		
..... <div style="text-align: center;">Director of Public Affairs</div>	 <div style="text-align: center;">Date</div>

Acceptance of this form does not constitute approval