Project Name	
Date Sent	
Department	
Requestor	F .
Authorizing Name (required	Ext
Acct. Number (required)	
PRIMARY DEPT. CONTACT AT EVENT	
Prints : H E Total Quantity Size(s) (#/size)	
What do you need photos of?	
What do you need photos of?	
How are these images being used?	
To whom should these images be distributed, and when?	
DECION A EDITORIAL CERVICE ON V	
DESIGN & EDITORIAL SERVICES USE ONLY	
Photographer	
Art Direction	
Please email the completed form to: photography@jwu.edu.	Call 598-2359 with questions.

JOB NUMBER