



Request for Photographic Services

Requested by:

Today's Date: _____

Contact Person: _____ Department: _____

Contact Number / Ext. _____ E mail: _____

Dept. Code: _____ Budget Code: _____

Authorized Signature for Budget Code: _____
(Information on budget code is needed for requests that cannot be done in-house or require specialized software or services)

Job Information:

File Images from a previous event? Yes ___ No ___ Event: _____

Original Photography requiring a photo session? Yes ___ No ___

Assignment Date and Time for photo session: _____

Job Location: _____

Detail of Assignment: _____

Description of Where / How Photos will be Used: _____

Anticipated Delivery Date _____ * (Actual deadline TBD)

Additional Information:

Images are to be outputted as:

Prints : Yes ___ No ___ Quantity and Size of Prints: _____

Digital File for Print Use: Yes ___ No ___ Digital File for E Mail: Yes ___ No ___

CD/DVD Requested: Yes ___ No ___

Please send all requests to the attention of Brenda Boone in the Marketing Department or via e mail at Brenda.boone@life.edu.
For assistance please call 770.426. 2808.