



ST. JOHN'S
UNIVERSITY

Office of Marketing and Communications

RESOURCE REQUEST FORM

CLIENT INFORMATION

Date submitted: _____ College/Department: _____

Your Name: _____

Office Phone: _____ Cell Phone: _____

Email: _____

This form is for requests only and does not guarantee availability. You will be contacted by your account director after the request has been evaluated.

REQUESTED RESOURCES

Photographer Videographer Writer Social Media*

Event/Project Name: _____

Location: _____ Event Day and Date: _____

Event Start Time: _____ Event End Time: _____

If coverage is needed for a specific segment, please note

From: _____ a.m./p.m. To: _____ a.m./p.m.

Event On-Site Contact Name: _____ Cell Phone: _____

Event Description: _____

Intended Use of Resource (e.g., University website, archives, presentation, news story, etc.)

***Social media coverage is determined by the Office of Marketing and Communications. Upon checking this box, your Account Director will follow up to obtain additional information and indicate whether support is available.**

SPECIFICS (To ensure the best results, please be as detailed as possible.)

- Photos:** orientation (i.e., horizontal/vertical), specific person/group/images, etc.

- Video:** description of project, target audience, overall goal, requested due date, etc.

- Writer:** target audience, specific attendees or types of attendees (i.e., students, faculty) to be quoted, etc.

**Always remember to obtain photo/video releases for your project.
The releases can be found on the Office of Marketing and Communications web page.**

Please note if a writer/photographer/videographer needs to be in formal attire.

FOR MARCOM USE ONLY

Job # (if applicable): _____ Photographer: _____

AD: _____ Videographer: _____

Writer: _____