Animal Resource Center Photo/Video Request Approval Form

* Use this form to request approval from the ARC Director or their designee to capture images of research animals at UW-Milwaukee
* 72 hours advanced noticed should be given whenever possible.

**Today’s Date: (mm/dd/yyyy)**

**PI First Name:**

**PI Last Name:**

**IACUC Protocol Number:**

**Contact name first, last:**

**Email:**

**Phone:**

**Where will the images be taken [location, building, room number(s)]?**

**Please provide an explanation for the purposes of these images or recording:**

I have read, understood, and agree to the ARC Photo/Video Guidelines

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_