



**APPLICATION FOR PHOTO AND FILMING PERMISSION FOR EDITORIAL PURPOSES**

on premises or in rooms of the Folkwang University of the Arts

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> SANAA Building   | <input type="checkbox"/> Old Abbey   Essen-Werden Campus | <input type="checkbox"/> Duisburg Campus         |
| <input type="checkbox"/> Quartier Nord    | <input type="checkbox"/> Folkwang Theatre Centre         | <input type="checkbox"/> Institute for Pop Music |
| <input type="checkbox"/> Folkwang Library | <input type="checkbox"/> Other _____                     |  |

**Contact Data**

Last Name, First Name: \_\_\_\_\_

Company/Broadcast/Medium: \_\_\_\_\_

Street Address: \_\_\_\_\_

Postal Code, City: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Requested Period:  
(Date/Time Frame) \_\_\_\_\_

Location of Shooting/Recording:  
(exact location)  
\_\_\_\_\_

Type of Shooting/Recording:  Photo  Film  Audio  Drone

Short Project Description:  
\_\_\_\_\_  
\_\_\_\_\_

Purpose:  
\_\_\_\_\_



# Folkwang

## University of the Arts

University Communications

Author & Issuer  
for Publication: \_\_\_\_\_

Title: \_\_\_\_\_

Publishing House: \_\_\_\_\_

Print Volume: \_\_\_\_\_

Publication of the Media:

Print     Online     Social Media     Drone

Other: \_\_\_\_\_

Anticipated

Date of Publication: \_\_\_\_\_

**The Terms of Use of the Folkwang University of the Arts for the performing of photo and filming work for editorial purposes apply.**

I have read and understood the **terms of use**. I recognise these terms as legally binding.

I have also read and understood the **privacy statement**.

City/Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Permit issued by:

City/Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Please email this completed form to [presse@folkwang-uni.de](mailto:presse@folkwang-uni.de).