and specific	KSAU-HS
	KING SAUD BIN ABDULAZIZ UNIVERSITY FOR HEALTH SCIENCES
Maria Post Opinerally to Half	UNIVERSITY RELATIONS & MEDIA AFFAIR:

Ref. No.: _	REQ-IN/	/MEDCOV/	/20	URM USE ONLY
Date Submi	tted:			

## Media Coverage Request

## **TERMS & CONDITION IN REQUEST SUBMISSION:**

■ Media Coverage Request Form is for Photography and Press Coverages Only.
■ Average request needs a minimum of five (5) working days before the event in order to be processed. • Kindly fill-out the information in ENGLISH (NO ARABIC REQUEST will be processed) ● Requesting Department's REFERENCE NUMBER is a must. ● Request Form Submission is thru <u>E-mail ONLY</u> at (<u>request-urm@ksau-hs.edu.sa</u>) ● ONE FORM PER EVENT REQUEST. ● Maximum Coverage Time per event is for TWO (2) HOURS ONLY. Provide a brief description of the event and a copy of the program (if there's any).

Requesting Dept. Re Requestor Name: Department: Department E-Mail:		Positi	Date Prepared: ion: Extension:	Badge: Mail Code:		
		DEPARTMENT HEAD APP	ROVAL			
Name:			Signature: Date Signed:			
ITEM		DESCI	RIPTION			
Event Title:						
Event Date:						
Where:						
Time:						
Contto be inclu	dad in KCALLUC Manaina		anial Madia Assaura	t for come of Disaboration		
Event to be included in KSAU-HS Magazine  Event to be announced Social Media Account  Request for copy of Photos  Send by Email  Send by Mail Code						
	ONS & MEDIA AFFAIRS USE ON	LY:				
Remarks/Co	mments :					
PRODUCTION Name:	UNIT APPROVAL:	Signature:	Date:			
PHOTOGRAPH Photographe	Y ASSIGNED TO: rr Name:		REGION: Riyadh Jedd:	ah Al Ahsa		
MEDIA UNIT A	APPROVAL:	Signature:	Date:			
PRESS COVERA	AGE ASSIGNED TO: Name:		REGION: Riyadh Jedd	ah Al Ahsa		
UR&MA DEPARMENT HEAD SIGNATURE:						
Signature:		Date	:			
Copy of Confir	mation Sent by E-Mail	Date Sent:	E-Mail Confirmation C	Copy Attached		