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VIDEO SCHOLARSHIP ACTOR RELEASE FORM

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Video Information:

Name of Video: _____

Scholarship Applicant ("Director") Name: _____

Talent Information:

Actor Name: _____

Street Address: _____

City, State, Zip: _____

Date of Birth: _____

Signature _____ Date: _____

I hereby confirm this Actor Release Form on behalf of my child:

Parent Signature _____ Date: _____