

Motion Picture/Television

Course Name and Number:			
Prod. #:		Production Title:	
Producer:		Director:	

COD MOTION PICTURE/TELEVISION STUDENT RELEASE FORM

This form is only to be used for students from other arts schools at the College of DuPage Motion Picture/Television. It is not to be used for School of Filmmaking students. The following students are requested to participate in the above student production:

NAME OF STUDENT	DESCRIPTION OF STUDENT INVOLVEMENT

KEY DATES AND TIMES:

Rehearsal(s):
Costume Fitting:
Principal Photography:
Post-Production:

SIGNATURES:
Students

_____ Student Signature	_____ Date	_____ Student Signature	_____ Date
_____ Student Signature	_____ Date	_____ Student Signature	_____ Date
_____ Student Signature	_____ Date	_____ Student Signature	_____ Date

Instructors:

_____ Instructor Signature	_____ Date	_____ Instructor Signature	_____ Date
_____ Instructor Signature	_____ Date	_____ Instructor Signature	_____ Date

Dean of Student's School:

_____ Signature	_____ Date	_____ Signature	_____ Date
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**THIS RELEASE DOES NOT AUTHORIZE, ENDORSE OR CONDONE ANY STUDENT MISSING
ANY REQUIRED CLASS OR ASSIGNMENT.**

_____ Student Signature	_____ Date	_____ Head of Production	_____ Date
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