

**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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