

Motion Picture/Television

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

DOCUMENTARY CONSENT FORM

This is to confirm that I, _____ give my full permission to _____ and the College of DuPage Motion Picture/Television to use the interview that was filmed with me in a documentary film tentatively called _____ .

I also fully understand that this film may be entered into festivals and shown widely outside of the COD campus. I understand that COD will own all rights to the documentary film.

Name: _____

Address: _____

Phone: _____

Email: _____

Signature **Date**

Head of Production Signature **Date**

Assistant Dean of Production Signature **Date**