



Motion Picture/Television

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

MINOR RELEASE FROM SCHOOL

NAME OF STUDENT _____
 SCHOOL _____
 ADDRESS _____

 PHONE _____

I, _____, am aware that _____ will be out of school from
(teacher/administrator) (student)
 _____ through _____ so that he/she may participate in a College of DuPage Motion Picture/Television
(date) (date)
 student production. I am also aware that the student's parents have given permission for the student to be absent from
 school. It is understood that the student will be responsible for making up any missed work or assignments.

Teacher/Administrator Signature

Date

Head of Production Signature

Date

Assistant Dean of Production

Date