

**Motion Picture/Television**

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

## OFF-CAMPUS LOCATION & RELEASE FORM

To Whom It may Concern:

This is to certify that \_\_\_\_\_ is/are enrolled in the School of Filmmaking for the current term and is/are engaged in the production of an authorized  film OR  video project entitled \_\_\_\_\_

ATTACH CREW LIST ON SCHOOL OF FILMMAKING CREW LIST PRODUCTION FORM:

**Filming Location(s):**


Date, time and duration of shoot:	
Description of action to be filmed:	

Any portrayal of weapons(prop or real), violence or illegal acts?  YES  NO

**If YES, Weapons Release Form must be attached to this form.**

Any stunts or special effects?  YES  NO

**If YES, Stunts/Special Effects Release Form must be attached to this form.**

The Location Representative agrees that the College of DuPage Motion Picture/Television shall own all rights of every kind in and to all photographs and recordings made by the above named crew on or about these premises and shall have the right to use such photographs and/or recording in any manner it may desire without restriction or limitation of any kind. You represent and warrant that you are authorized to grant these rights.

We, the above named film crew, agree to exercise reasonable care in the use of these premises and to leave them in substantially as good condition as when received.

Film/Video projects undertaken by the School of Filmmaking are for instructional purposes only and are not generally intended for commercial use.

Thank you for your cooperation.

Student Signature	Date	Location Representative	Date
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Faculty Representative	Date	Head of Production Signature	Date
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Assistant Dean of Production	Date
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