

Motion Picture/Television

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

ON-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:

Campus 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 Authorizing Agent 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.

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	Head of Production	Date
Instructor/Mentor	Date	Facility Services	Date
Authorizing Agent	Date		