

Motion Picture/Television

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

PROJECT AUTHORIZATION FORM

**** AUTHORIZATION WILL NOT BE SIGNED WITHOUT SCRIPT ATTACHED ****

This is to certify that _____ is enrolled in the
(Name of Student)
 School of Filmmaking _____ for the Fall Winter Spring Summer
(Course Number)
 term and is engaged in the production of an authorized FILM or VIDEO project entitled

_____ that is scheduled to shoot _____
(Title of Production)
(Dates)

The above named student is authorized to reserve and check out equipment for this project.

 Student Signature

 Date

 Instructor Signature

 Date

 Head of Production Signature

 Date

 Authorized Production Number (If Applicable)

 Assistant Dean of Production

 Date