



Radio-TV-Film Department

STANDARD RELEASE

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Project: _____

Producer(s) _____

Date: _____

Name: (Please print) _____

Signature: _____

Address: _____

City: _____

State and Zip: _____

Phone: _____

Parent or Guardian (if above signer is under 18)

Name (please print) _____

Signature _____

Address _____

City _____

State and Zip _____

Phone _____