



MINOR/STUDIO TEACHER CONFIRMATION FORM

Complete this form and return to Production Operations, along with a copy of the minor's Work Permit from the Division of Labor Standards Enforcement and a copy of the Studio Teachers Certificate.

Title of Production: _____

Director Name: _____

Producer Name: _____

Professor Name: _____ Course Number: _____

Studio Teacher Name: _____ Phone: _____

Name of Minor: _____

Parent/Legal Guardian: _____ Phone: _____

Address: _____

Location(s) where filming with minor: _____

Dates minor will be filming: _____

Description of how the scene(s) will be performed with the minor:

What safety precautions are in place to protect the minor:

