

**Educational Access Broadcast Release Form [www.ccsf.edu/eatv](http://www.ccsf.edu/eatv)**

I, \_\_\_\_\_ hereby grant permission for EATV, Education Access Television Channels 27 and 75, to broadcast/cablecast my video/film production titled:

\_\_\_\_\_

Please give a brief synopsis of production:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Running Time: \_\_\_\_\_

EATV airs some content over the internet through the CCSF website and on YouTube. Would you like your film to be made available for broadcast over the internet?

- Yes! I am interested in airing my work over the internet with EATV.
- No! I grant permission to air my program on the EATV broadcast station only.

If you wish to place any restrictions on this permission, please list below:

\_\_\_\_\_  
\_\_\_\_\_

Check one of the following:

- I certify that I am over 18 years of age.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Signature* *date*

\_\_\_\_\_(\_\_\_\_\_)\_\_\_\_\_  
*Email address* *phone number*

\_\_\_\_\_,\_\_\_\_\_,\_\_\_\_\_  
*Mailing address* *city/state/zip*

- I am under 18 and my parent or guardian gives permission below:

\_\_\_\_\_  
*Printed name*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Signature* *date*

\_\_\_\_\_(\_\_\_\_\_)\_\_\_\_\_  
*Email address* *phone number*

\_\_\_\_\_,\_\_\_\_\_,\_\_\_\_\_  
*Mailing address* *city/state/zip*

This release grants the rights to EATV, but shall not obligate EATV to use the above content. EATV retains the right to schedule programming as it wishes. EATV will not return any content once submitted. For more information, call 415/293-3887 or visit us at ARTX 169 at CCSF Ocean Campus.