

Montana State University School of Film and Photography
Film/Video/Digital File Submission Form

Complete this form and submit with a file copy of your film, video or project. Make sure any tape, disc, drive, file or other submission copy is properly labeled with the following information:

Student Name(s) _____

Course Name & Number _____ Sem/Yr _____

Instructor(s) _____

Film Title _____ TRT _____

Descriptive Logline _____

Principal Credits

Director _____ Writer _____

DP _____ Editor _____

Sound Des. _____ Producer _____

Other _____ Other _____

Principal Cast (Fiction Film) or Featured Individuals (Nonfiction)

_____	_____
_____	_____
_____	_____
_____	_____

Clearances (check one):

____ 1. All material in the film (story, music, stock footage, etc.) is free of clearance or has been cleared.

____ 2. Some material in the film (story, music, stock footage, etc.) is NOT cleared.

If #2 is checked, please list all elements that are not cleared:

Authorized Signatures:

I acknowledge that I have read and understood the SFP Film Option Archiving and Use Policy and agree to its terms and conditions. I also acknowledge the information on this form is correct.

Student Signature(s): _____ Date: _____

Instructor Signature(s): _____ Date: _____