



Orange Television Network Location Release Form

I hereby give Syracuse University and the Orange Television Network permission to record at the location listed below and grant Syracuse University all rights to use these sound, still or moving images in any medium for educational, promotional or other purposes that support the mission of the university.

I agree that all rights to the sound, still or moving images belong to Syracuse University.

Location: _____

Address _____

City _____ State _____ Zip _____

Date: ____/____/____

Owner/Manager _____
(Signature)

Owner/Manager _____
(Please Print)

Address _____

City _____ State _____ Zip _____

Date: ____/____/____

DEPARTMENT USE ONLY

PROJECT _____

PRODUCER _____