Name: _______________________________  Student ID # _________________________
is a student of the Academy for Creative Media at the University of Hawai‘i at West O‘ahu involved in a pro-
duction titled: _________________________________________________________________
From (date) _______________ to (date) _________________
In ACM (Course No.) ______ (Course Title) ____________________________

Verified by ACM Professor/ ACM Production Manager:
Name (Please print): ___________________________________________________________

Signature: _______________________________  Date: _________________

AMC Media Center Phone: 808-689- 2392
SIGNATURE OF STUDENT
______________________________  Date: _________________

Student Email: ________________________  Student Phone: _______________