

# University of Hawai'i - West O'ahu Creative Media Student Verification



TO BE SUBMITTED WITH STATE AND CITY & COUNTY PERMIT REQUEST

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 production 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: \_\_\_\_\_