

CCX Media Release Form

Program title:

Episode topic:

Playback date(s): Cue: Length:
HOURS : MINUTES : SECONDS HOURS : MINUTES : SECONDS

Record date: Producer name:

Guest(s) name:

This program was produced with equipment from: CCX Media Other

Do **NOT** make copies of this program for requesting viewers:

Is this program suitable for viewing by children? Yes No (check below)

Language/profanity Nudity Sexual content Violence Other

Genre of show please **CHOOSE ONE**:

Diversity & Equity Entertainment Faith Based Health & Wellness

Local Government/Community Affairs Music Sports Other

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Producer signature:

Home address:

Phone: Email:

WHITE COPY: PLAYBACK

YELLOW COPY: CCX MEDIA

Staff use only

Local ID: Received by: Date: