

TEACHER / ADVISOR LETTER OF APPROVAL

I, (Instructor Name), from (Name of University) hereby give approval for (Student Name) to create (Project Name) on (Shooting Dates/Locations). This project is for (Assignment, Name of Class).

If there are any questions or concerns about this production, contact me at (Instructor Email and Phone Number).

Signed,

(Signature)

(Name)

(Department)

Contact Information:

Email:

Phone Number: