



Academy of Television Arts & Sciences
Foundation

FACULTY FORM

PLEASE PRINT THIS FORM, FILL IT OUT, AND
FAX BACK TO: 818-761-2827, ATTN DEBBIE SLAVKIN

All pieces submitted must be produced for school related classes,
groups, or projects and as such, must be verified by a Faculty
Member. No Exceptions.

Entries will be verified by Television Academy Foundation Staff

Student Producer Name:
(must be named as such in all credits)

Title of Work:
(as submitted)

School: _____

Student Signature: _____

Please indicate to which address below we are to make notifications in February of 2008:

_____ **Student Address while attending School:**

_____ **Student Permanent address:**

Student Phone Permanent: _____

Cell: _____

Student email: _____

Faculty Instructor: _____

Faculty Instructor Signature: _____

(confirms accuracy of credits and eligibility of entry period)

Instructor's address (including school name): _____

Instructor's Office Phone: _____

Instructor's email: _____