

MP&E STUDENT PROJECT RECORDING AGREEMENT

DATE SUBMITTED:

PRODUCER:	INSTRUCTOR:	COURSE:
PHONE:	EMAIL:	
ENGINEER:	INSTRUCTOR:	COURSE:
PHONE:	EMAIL:	
MIX ENGINEER:	INSTRUCTOR:	COURSE:
PHONE:	EMAIL:	
ASSISTANT:	INSTRUCTOR:	COURSE:
PHONE:	EMAIL:	

I hereby authorize my phone number, session dates and sessions times to be published in order for students to contact me for sessions.

Producer: _____
Signature

Engineer: _____
Signature

Mix Engineer: _____
Signature

Assistant: _____
Signature

MP&E OFFICE USE ONLY **SESSIONS BOOKED** **BOOKING DATE** ___/___/___

DATE	TIME	STUDIO	# OF HOURS	CHECKED BY
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

***ATTENTION ENGINEERS/ASSISTANTS: You may only sign ONE RA prior to the posting of assignments. In the event that you sign more than one RA before assignments, you WILL be reassigned or lose one of the projects. Assignments CANNOT be changed.**

****Please be advised that a FORGERY OF ANY SIGNATURE on this form may result in expulsion from the MP&E Dept.**

CLIENT BOOKING VERIFICATION

I have read and verified that all of the dates, times, rooms, and other information on this form is accurate and complete, and that it is consistent with the information reflected in the booking computer (CTRL + R to refresh and verify entries). Furthermore, I understand that I hold ultimate responsibility to be present at these sessions, or reschedule within the proper time frame, if necessary.

Producer/Engineer Signature: _____ Date: _____

Booking Agent Signature: _____ Date: _____