



AUTHORIZATION TO RELEASE ORIGINAL NEGATIVE FILM

Production Company	Project Title	Date:
		Time:
PO Number	JOB Number	

The undersigned hereby authorizes Cineworks Digital Studios, Inc. to release the Original Negative Film described herein to the designated party indicated below, or to ship according to the shipping details herein.

Lab Rolls	Camera Rolls
Party Accepting Film	Other Material
Shipping Destination	Shipping Method
Shipping Address	Tracking #
	Date Shipped

Upon Delivery of the Original Negative Film described herein, Cineworks Digital Studios, Inc. is released of any and all responsibility, liability or accountability for the same. Cineworks Digital Studios, Inc. will not be responsible for any occurrences after the Film leaves the premises.

Authorized Signature: _____ Date: _____

Print Name: _____ Title: _____

Company: _____