

# Documentary Footage Clearance Form

Project/Documentary Title

Date

Production Company

Producer/Contact Name

Email

Phone

Footage Details

Clip Title/Description	Timecode In	Timecode Out	Duration	Location

Purpose/Context of Use

Rights/Permissions Requested

Media

Territory

Term/Duration

Any Restrictions or Special Conditions

Clearance Notes/Approval

Applicant Signature

Name & Date  
Reviewer Signature

Name & Date