

TEACHER RELEASE & CONFIRMATION FORM

We are delighted that you will be a part of our **Glass Certification Program with Vicki Payne**. This letter will confirm that Cutters Productions, Inc. would like to post your information on the www.cutterstv.com website for public viewing for being a part of your team.

By providing us with any and all information to be posted on the website, you authorize Cutters Productions, Inc. to use your picture, name and any combination in advertising, publicity, illustration, etc. If the terms of this agreement meet with your approval, please sign and return a copy of this letter to Cutters Productions **with your completed information sheet**.

If you prefer to furnish your own head shot, you may send it to our website manager at dgrier@cutterstv.com along with any other project photos you may want to post on our website. Please limit to 3.

Upon completion of the Certification program you will receive one web page of advertising. Please indicate the information you would like to be posted by the checked boxes.

- Name (Company Name)
- Address
- Phone Number
- Email Address
- Website Address

Signature: _____

Date: _____

Fax To: 704-522-9925, Attn: Glass Certification Dept.

Mail To: Cutters Productions
8349-K Arrowridge Blvd.
Charlotte, NC 28273

Email To: mfield@cutterstv.com