

MOTION PICTURE EDITORS GUILD

Screen Credit Waiver

(Must be executed & submitted by Employer)

Date Submitted: _____

Return completed form to jolitsky@editorsguild.com (preferred method) or via fax (323) 876-0861.

Name of Project: _____

Episode Number/Title: _____

Name of Signatory Production Company: _____

Display credits below exactly as they are to appear and designate location:

Please check the following boxes as applicable:

- Those named above are the only Editors involved on the project and they were classified and compensated as such.
- An Assistant Editor was classified as an Editor for this episode or production, temporarily or permanently. (If checked the actual dates of employment as Editor and confirmation of appropriate compensation must be attached)

Please attach the signatures and printed names of the individuals to share credit for this project/episode.

The employer and/or an authority on behalf of the signatory producer must execute and submit the Screen Credit Waiver Request.

Submitted By:

Print

Phone Number

Print Title

Fax Number

Signature (employer/authority on behalf of signatory producer)

Email Address

- APPROVED** In accordance with your request, the agreement of the Editors and with the understanding that the Editors named above are the only Editors involved, the above production company may proceed in granting shared credit as stated above.

Field Representative, Local 700

- DENIED**

Date Approved