

Todd-Grant Elementary School
Request for Video Usage

Teacher Name _____ Date of Use _____

Title of Video _____

Rating (if applicable) _____ Total Length (in minutes) _____

Will the film be used in its entirety? **Y** **N**
If no, give an estimate of the total time (in minutes) you plan to use _____

Brief Synopsis of Content

Standard(s) taught through use of video

Permission is **GRANTED** **DENIED**

Signature of Principal _____

After video is approved, bring this form to the Media Center in order to check out film OR please supply the form and the following information to Media Specialist:

Time(s) to be broadcast _____

Date(s) _____

*You will be notified which channel to view via email.