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*For Principal's Approval:*

**REQUEST TO USE VIDEO/DVD PROGRAMS NOT OWNED  
BY THE WATAUGA COUNTY SCHOOLS**

**Teacher(s) Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title of Video/DVD Program:** \_\_\_\_\_ **Rating:** \_\_\_\_\_

**Source of Video/DVD** \_\_\_\_\_ Rental  
**Program:** \_\_\_\_\_ Off-Air Video Formats (following fair-use guidelines)  
\_\_\_\_\_ Privately Owned (by teacher for classroom use only)  
\_\_\_\_\_ Borrowed From \_\_\_\_\_

Does the video/DVD program label indicate for HOME USE ONLY? YES \_\_\_ NO \_\_\_

Is parental permission required? YES \_\_\_ NO \_\_\_

When will the video /DVD program be shown? \_\_\_\_\_

Where will the video/DVD program be shown? \_\_\_\_\_

I plan to use the above video/DVD program in my classroom for the following reasons (describe its use in relation to your curriculum based instructional goals and objectives):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have been informed of the appropriate uses of instructional media and fair use guidelines. I understand these guidelines and that any uses I may make of instructional materials in a classroom setting will be in accordance with federal copyright law and Watauga County Board of Education policies, procedures, and guidelines. The above-named video/DVD programs meet all copyright guidelines.

This video/DVD programs meets the following criteria:

- This video has been selected because it is appropriate for the unit of study and age group.
- The video/DVD program will be used in face-to-face instruction, not for recreation, reward, or entertainment.

\_\_\_\_\_  
*Teacher's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

Approved: \_\_\_\_\_  
*Principal's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

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SAMPLE LETTER

**SCHOOL LETTERHEAD**

Date Letter is mailed:

Dear Parent(s) or Guardian(s):

Your child is currently involved in studying (describe unit of study). It is my intention to use the video/DVD program (title/rated\_\_\_\_\_) on (date or dates) because it (describe the use of the video formatted material in relation to your instructional goals and objectives).

This letter is being sent to you in compliance with system guidelines requiring parents/guardians to approve the intended use of videotapes rated other than *G* (for General Audiences). Please complete the form below, authorizing or exempting your child from the video/DVD program showing. Return the completed form to me. Students exempted from the showing of the video/DVD program will be provided an alternative assignment. Should you have any questions regarding the video program, please contact me at your convenience.

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*Teacher's Signature*

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*Principal's Signature* \_\_\_\_\_

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Name of Student: \_\_\_\_\_

\_\_\_\_\_ I give permission for my child to view (title of video/DVD)

\_\_\_\_\_ I prefer that my child be given an alternative assignment.

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*Signature of Parent/Guardian*

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*Date*

01/11/10

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*For Principal's Approval:*

**REQUEST TO RECORD OFF-AIR**

**Teacher(s) Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title of Program:** \_\_\_\_\_ **Rating:** \_\_\_\_\_

**Source of Program:** \_\_\_\_\_ **Channel:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Time:** \_\_\_\_\_ AM PM

Do you have recording rights? YES \_\_\_ NO \_\_\_

Is parental permission required? YES \_\_\_ NO \_\_\_

I plan to use the above off-air tape in my classroom for the following reasons (describe its use in relation to your instructional goals and objectives):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have been informed of the appropriate uses of instructional media and fair-use guidelines. I understand these guidelines and that any uses I may make of instructional materials in a classroom setting will be in accordance with federal copyright law and Watauga County board of Education policies, procedures, and guidelines. The above-named off-air tape meets all copyright guidelines.

This recorded off-air video meets the following criteria:

- This program has been selected because it is appropriate for the unit of study and age group.
- The program will be used in face-to-face instruction, not for recreation, reward, or entertainment.

\_\_\_\_\_  
*Teacher's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

Approved: \_\_\_\_\_  
*Principal's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

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*(To Be Completed by the Media Specialist Upon Return of Recorded Off-Air Material)*

**Date Returned:** \_\_\_\_\_ **Date Erased:** \_\_\_\_\_

\_\_\_\_\_  
*Media Specialist's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

01/11/10