

U.S. Grant High School  
Statement Regarding Videotape or Film Use

Date: \_\_\_\_\_

Teacher Name: \_\_\_\_\_ Room #: \_\_\_\_\_

Title or description of recorded program: \_\_\_\_\_

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Producer (if known): \_\_\_\_\_

Network (if known): \_\_\_\_\_

Rented: \_\_\_\_\_ Purchased: \_\_\_\_\_ Taped at home: \_\_\_\_\_

Parental permission is required: Yes: \_\_\_\_\_ No: \_\_\_\_\_ MPAA Rating: \_\_\_\_\_

I plan to use the above program in my classroom on \_\_\_\_\_ (date) for the following reason (describe its use in relation to your academic goals and objectives):

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

This program complies with the school's policy on the evaluation and selection of instructional materials. It is appropriate for the grade level, and the instructional content enhances the curriculum. If this program has been recorded off-air, I affirm that it will be erased according to "fair use" interpretations of federal copyright regulations.

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Teacher's Signature \_\_\_\_\_

Approved: \_\_\_\_\_ Date \_\_\_\_\_