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

Date: ____________________________________________

Teacher Name: ____________________________________________ Room #: ______

Title or description of recorded program: ____________________________________________

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.

__________________________________________________________________________

Teacher’s Signature

Approved: ___________________________ Date: ___________________________