




John A. Ferguson Senior High School
Library/Media Center
Video Usage Request Form - CCTV Distribution Center

Please adhere to school district memo on videos and copyright laws.

YOU MUST:

-  Complete the form
-  Schedule a date and time on the monthly video calendar
-  Place completed form in the designated binder

Teacher's Name: _____ Today's Date: _____

Department: _____ Grade: _____

Title of video: _____

Approximate running time: _____

Please check one of the following: _____ from the Ferguson video collection _____ Other ***

Movie rating: _____

(Please have parents return a release form if movie is "R" rated. File the signed forms.)

CBC Objective (required):

Requested viewing date: _____

Requested viewing time: _____

Department Chairperson signature: _____

*** Note: You will need administrative approval, regardless of rating, for playing the video if the selected movie is not part of the school's library collection.

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(Do not write below this line - for administration only)

Approval by administrator: _____ Date: _____

Disapproval by administrator: _____ Date: _____