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Video/DVD Permission Form

Teacher Name _____

Grade Level/Subject _____

Topic of Study _____

Goal/Objective _____

Title of Video _____

Length of Video _____

Rating _____ Date to be Shown _____
(Parental permission may be required)

I have been informed of the appropriate uses of instructional media, fair use guidelines, and the compliance policy of the Randolph County Schools. I understand these policies and guidelines and that any uses I may make of instructional materials in a classroom setting will be in accordance with both federal law and said policies and guidelines.

The above-named video/DVD meets all copyright guidelines. It has been legally acquired in one of the following ways: Purchase, Rental, or Taped off-air by a teacher or media specialist within the last 10 days.

This video/DVD meets the following criteria:

- **This video/DVD has been selected because it is appropriate for the unit of study and age group listed.**
- **The video/DVD will be used in face-to-face instruction.**
- **It will not be used for recreation, reward, or entertainment.**
- **I have previewed the video/DVD prior to use.**

Teacher Signature _____ Date _____

Principal Signature _____ Date _____