

# Video Request Form

Form must be complete and approved by one of the administrators one week before showing any video. No more than **Ten** minutes of footage will be shown at one time.

Teacher Name \_\_\_\_\_

Video Title \_\_\_\_\_

Objectives from NC Standard Course of Study (List subject, objective number and a brief description of how the video will be curriculum related.)

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Date showing video: \_\_\_\_\_

Time: \_\_\_\_\_

Teacher's signature \_\_\_\_\_

Principal's approval: \_\_\_\_\_

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

**\*\*\* Full-length movies will not be approved. Please utilize *United Streaming*.**