

NPS VIDEO REQUEST FORM

Teacher: _____ Class: _____

Date(s) to be shown: _____ Length of time required: _____

Video title: _____

Video rating: _____ (G, PG, PG-13, R, NC-17)

Source of video:

_____ Educational institution

_____ Home recording

_____ Local video center

_____ Ordered directly from business/company

_____ Other Source: _____

Brief Summary:

Objectives to be Taught:

Objectionable Sequences (describe):

☐ Approved ☐ Disapproved _____

Administrator's Signature and Date

**Norfolk Public Schools
Office of Media Services**