VIDEO REQUESTS

Teacher:	Class:		
Date 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		
Brief Summary:			
			_
			_
			_
Objectives to be Tau	ght:		
			_
			_
Objectionable Seque	uncas (doscriba):		_
Objectionable Seque	nices (describe).		
			_
			_
			_
☐Approved ☐D	isapproved		
	_	Administrator's Signa	ture
		Date	

Norfolk Public Schools Office of Media Services