

**UNION GROVE MIDDLE SCHOOL
VIDEOTAPE AUTHORIZATION FORM**

Today's date: _____ Teacher/Team Name _____ Grade ____

Title of videotape _____ Curriculum area _____

Personal copy, rented or school copy:(if rented which rental agency) _____
(Please circle one)

Instructional objective _____

Brief summary of videotape content and activities planned to be used in conjunction with the videotape: _____

Motion picture rating for videotape: *(please circle)* **G** **PG**

If videotape is not rated G, please list reason for PG rating: _____

Date videotape previewed by teacher _____ Proposed date and time of viewing: _____

____ Approved for viewing ____ Not approve Administrator's signature _____

VIDEO APPROVAL FORM (For tapes owned by the school)

Teacher _____

Date Submitted _____ Subject _____ Grade ____

Video Title _____

Video Objective _____

Preliminary and/or follow-up educational activities to be used in conjunction with the videotape

1. _____
2. _____
3. _____

Administrator's signature _____