

Instruction

USE OF COPYRIGHTED MATERIALS

Agency Guidelines for Off-Air Video Taping Are to be Printed on the Back of the Form

Request Number _____
(office use only)

REQUEST FOR OFF-AIR VIDEO TAPING

I, the undersigned, having requested the (NAME OF AGENCY) to video tape the following program(s) within the parameters of the policy set forth by the Governing Board, (DATE), am aware of said policy (see reverse side) and agree to accept responsibility for the use and erasure of this material to prevent any infringement of copyright law in lieu of expressed written approval of the copyright proprietor.

Title of Program to be Copied _____

Date of Program _____ Date Program is Needed _____

Time of Program _____ Station or Channel _____

Length of Program _____

Special Instructions _____

Requestor's Name _____ Location _____
(please print)

Signature _____ Department _____

PREVIEW AND EVALUATION

___Yes ___No Do you want the video tape of this program retained until information regarding the sale, lease, free loan or rental of this material is obtained?

INSTRUCTIONAL QUALITY (circle the appropriate number on the rating scale below)

CRITERIA	SUGGESTED GUIDELINES FOR RATING SCALE	RATING SCALE					
Instructional Design	Well organized, content load appropriate, maturity level consistent with the content	5	4	3	2	1	0
Content	Accurate, authentic, current, thorough, relevant	5	4	3	2	1	0
Curriculum Match	Supports what is commonly taught in this subject at this grade level	5	4	3	2	1	0
Interest	Supports or enhances communication of content	5	4	3	2	1	0

5 = exemplary 4 = desirable (very good) 3 = desirable (good)
2 = fair 1 = poor 0 = unacceptable

___Yes (High Priority) ___No Do you recommend acquisition of this program?
___Yes (Low Priority)

Overall (Average) Rating of Quality

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LEGAL COMPLIANCE

Yes No Meets state legal compliance guidelines: women's roles, ethnic balance, aged,
_____ _____ handicapped, etc.

SENSITIVE CONTENT

Yes No Is nudity, excessive violence, glamorization of drugs/dangerous substances, profanity
_____ _____ and/or a sexual nature present in this program? **IF YES**, please verify by circling the topics
present.

Yes No Does this program come under education codes for sex education, sexually transmitted
_____ _____ diseases, etc? **IF YES**, please abide by state education code provisions and prohibitions.

ADDITIONAL INFORMATION

Subject Area(s) _____ Grade Level _____ Ability Level _____

Yes No Previewed with students?
_____ _____

Yes No _____ Uncertain Do presently owned materials adequately cover the subject areas?
_____ _____

Overall evaluation (summary, use, etc.) and/or reasons for requesting retention of this tape:

VIDEO TAPE STATUS – OFFICE USE ONLY

DATE _____

AVAILABLE: Format: _____ 16mm _____ 3/4" _____ 1/2" VHS

_____ Other (Specify) _____ Price: _____

- _____ May be retained indefinitely
_____ May be kept on an indefinite basis pending updated information on the program's future availability
_____ May be kept permanently on a licensed basis
_____ Must be erased immediately

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(APPENDIX)

SAMPLE LETTER: REQUEST FOR PERMISSION TO COPY

Author, Publisher, or Distributor
Permission Department

Date

I am requesting permission to copy and use:

Title _____ Author/Editor _____

Year published _____ Number of copies _____ Will copies be sold (circle) Yes No

Description of materials to be copied (Photocopy enclosed): _____

Intended use of materials: _____

Type of reproduction: _____

A self-addressed, stamped envelope is enclosed for your convenience in replying to this request. Should you be unable to authorize this request, please forward this letter to the proper person/agency.

Sincerely,

Permission Granted _____ **Date** _____

Conditions (if any) _____

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USE OF COPYRIGHTED MATERIALS (continued)

SAMPLE PRODUCER INQUIRY LETTER:	REQUEST FOR INFORMATION OF AGENCY HOLDING RIGHTS TO A TV BROADCAST AND PERMISSION TO RETAIN PROGRAM IF IT IS NOT FOR SALE, RENTAL, OR LEASE.
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Network Address (ABC, NBC, CBS – not affiliate)
Permission Department

Date

I am requesting information on the availability and retention of the following program:

Title: _____ Air Date: _____

Can a copy of this program be retained for classroom instructional use? (circle) Yes No

Is this program available for sale? (circle) Yes No

If yes – Specify agency distributing this program: _____

Specify format: _____ Cost (if known) _____

Enclosed is a self-addressed, stamped envelope for your convenience in replying to this request. Should you be unable to authorize this request, or provide the above information, please forward this letter to the proper person/agency.

Sincerely,

Permission to retain off-air copy on a free basis: _____ **Date** _____
Signature

Conditions (if any) _____