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)

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

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?  Overall (Average) Rating of Quality
USE OF COPYRIGHTED MATERIALS (continued)

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
SAMPLE LETTER: REQUEST FOR PERMISSION TO COPY

Author, Publisher, or Distributor                                      Date
Permission Department

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)______________________________________________________________________
**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.

**Network Address (ABC, NBC, CBS – not affiliate) Date**

Permission Department

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

<table>
<thead>
<tr>
<th>Title: ___________________________________________</th>
<th>Air Date: ___________________________</th>
</tr>
</thead>
</table>

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)____________________________________________________________________