

Chapin High School

2017-2018

Movie/Video Permission Form

Request Date: _____

Teacher Name: _____

Name of Movie/Video: _____

Rating on Movie/Video: _____

Reason for showing the Movie/Video: _____

Curriculum Connection/TEKS: _____

Date of viewing: _____

Teacher Signature: _____

Administrator Signature: _____

Department Head Signature: _____

Librarian Signature: _____