

Multnomah Education
Service District

Code: GCQBA-AR(3)
Revised/Reviewed: 11/28/11

MESD Video Recording Request Form

Request by:

Name of Teacher: _____

Name of Person Recording if Other Than Teacher: _____

Material to be taped:

Title: _____

Length: _____

Producer: _____

Broadcast Company: _____

Intended Use:

Date of Taping: _____

Instruction:

Ten-Day End Date: _____

Date(s) of Intended Use: _____

School or Class: _____

Evaluation of Material:

Forty-Five Day End Date: _____

Date(s) of Intended Use: _____

Area of Instruction or Curriculum: _____

I have read GCQBA-AR and understand my obligations in the use of the above tape as stipulated in the "Kastenmeier Guidelines." I also understand that no use, other than the above-specified "intended use" on the above-specified dates, can be made without written permission of my immediate supervisor.

Teacher Signature Date

Approval:

Approved Not Approved

Supervisor Date