

**MEDIA PERMISSION FORM**

Teacher \_\_\_\_\_

Grade Level/Subject \_\_\_\_\_

Date to be Shown \_\_\_\_\_

Name of Media \_\_\_\_\_

Teachers: Provide the following information for the item to be considered.

1. Have you previewed the entire media item for language, appropriate content and actions, etc., for your grade level/subject area? \_\_\_\_\_
2. Is there another media item in the school district collection that will present the same information? \_\_\_\_\_
3. How does the presented material support the standards for the curriculum?

4. Movie Rating \_\_\_\_\_

*Submit this form to your building principal at least two weeks prior to the viewing date in the classroom.*

Approved: \_\_\_\_\_ Yes \_\_\_\_\_ No

Principal's signature \_\_\_\_\_

Original: To the person requesting permission  
Copy: To Principal  
Copy: To Library Media Center

**APPROVED:** July 14, 2003  
January 24, 2011  
**NOVEMBER 16, 2015**