



Center For Instructional Technology

Video Streaming Request

Date dropped off _____

Name _____

Department _____

Contact Info (office) _____

(email) _____



Film Title	Format			Request Closed Captioning
	DVD	VHS	CD	

Do you plan to use this video

- this semester only
- multiple semesters

I certify that I have obtained any appropriate permissions to use this video(s) in my class(es). (Follow Fair Use and TEACH Act, guidelines can be found in the Plato 'Software & Resources' class)

I certify that this content will only be used within the PLATO system, or for ADA compliance.

Streaming completed By _____ Date _____

Picked up by _____ Date _____