Center For Instructional Technology

Video Streaming Request

Date dropped off_____

Name_____
Department_____
Contact Info (office)_____
(email)_____

Film Title	Format DVD	VHS	CD	Closed Captioning Request

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.

_____
Signed_____

Streaming completed By_____
Date_____
Picked up by_____
Date_____