Center For Instructional Technology

Video Streaming Request

Date dropped off_____

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

Film Title	Format: DVD	VHS	CD

Closed captions are always provided if available on your original material.

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_____