

**Request for Copyright Compliance of all Audio/Visual Materials
Face-to-Face Instructional Activities.**

Name of Teacher: _____

Subject Area: _____ Grade Level: _____

Title of Material: _____

Rating: _____ Copyright date: _____

Parent letter required? _____ Yes _____ No

This AV material was obtained from:

_____ Library _____ Purchase _____ Rental _____ Self-produced

Date of Request: _____ Date of Desired Showing: _____

TEKS Objectives and Tie-in with Present Curriculum:

Comments: _____

Signature of Teacher: _____ Date: _____

Librarian: _____ Date: _____

Signature of Principal _____

_____ Approved _____ Disapproved