

**Walton County Video Request Form  
For Middle and High Schools  
(For Videos Not Owned by the Media Centers)**

Teacher \_\_\_\_\_ Subject Taught \_\_\_\_\_ Grade Level \_\_\_\_\_

Title of Video/DVD \_\_\_\_\_  
\_\_\_\_\_

Source of Video \_\_\_\_\_ Date/s to be Shown \_\_\_\_\_

Rationale/Standards: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Selected Scenes that Will be Shown: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated Instructional Time Needed for the Clips \_\_\_\_\_

**Reminder: No R-rated movies are to be shown in Walton County schools in their entirety. Clips need to meet specific instructional needs of the curriculum and must be approved by the school principal.**

**Note: Parent permission must be obtained before showing clips from R-rated movies, with a choice for students to opt out and be given an alternate assignment. Permission forms may be obtained from the media center.**

Aspects of concern related to the movie are checked below. (Please check all that apply.)

Language     Violence     Content/Subject Matter     Other (\_\_\_\_\_)

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*Please give this completed form to the media specialist two weeks prior to showing the video.*

Approved     Disapproved

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

**Permission Form for Videos Not Owned by the Media Center**

As part of our \_\_\_\_\_ (name of instructional unit),  
which I will be teaching on \_\_\_\_\_ (date/s) I am planning to show a few approved clips of  
\_\_\_\_\_ (name of movie).

Below is a short description of the approved clip or clips that will be shown in class.

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Viewing these approved clips addresses the following objectives/standards:

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\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date

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My student, \_\_\_\_\_, has permission to view the movie clips.

My student, \_\_\_\_\_, does not have permission to view the movie clips. (I understand that he/she will be assigned an alternate assignment.)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Walton County Video Request Form  
for Primary and Elementary Schools  
(For Videos Not Owned by the Media Centers)**

Teacher \_\_\_\_\_ Subject Taught \_\_\_\_\_ Grade Level \_\_\_\_\_

Title of Video/DVD \_\_\_\_\_

Source of Video \_\_\_\_\_ Date/s to be Shown \_\_\_\_\_

Rationale/Standards: \_\_\_\_\_

Selected Scenes that Will be Shown: \_\_\_\_\_

Estimated Instructional Time Needed for the Clips \_\_\_\_\_

\*\*\*\*\*

*Please give this completed form to the media specialist two weeks prior to showing the video.*

\_\_\_\_ Approved    \_\_\_\_ Disapproved

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date