



LCPS Form EGAD E-3 REQUEST FOR OFF-AIR VIDEOTAPING

*This completed form must be sent to the holder of the copyright on the material you wish to copy.
Enclose a self-addressed, stamped envelope with this form so it can be returned to you.
For more information, see LCPS Policy and Regulation EGAD: Copyright Compliance.*

Title of Program(s) to be copied _____

Date Program Aired _____ Date Program is needed _____

Time of Program _____ Station or Channel _____

Length of Program _____

Special Instructions _____

Requestor's Name _____

Location or School/Room # _____

Telephone Number _____ Email Address _____

I, (print name) _____, have requested permission from (print name) _____ to videotape the above program(s) in compliance with United States copyright laws and LCPS Policy EGAD: Copyright Compliance. I am aware of the policy and agree to accept responsibility for the use and erasure/destruction of this material to prevent any infringement of copyright law in lieu of expressed written approval of the copyright proprietor.

Permission to videotape is granted (circle one) YES NO

Signature _____ Name (Printed) _____

Date _____

Distribution: One copy to Principal, One copy to Originator