

CENTRAL ARIZONA VALLEY INSTITUTE OF TECHNOLOGY

Rated Movie Permission Form

Principal Permission

I will be showing the following movie to my classes: _____

We will view this movie on _____. (date)

This material is rated _____ for _____. (Language, violence, etc)

We are studying the following objective(s) from the standard course of study:

The material correlates with my standard course of study and will be used in a face-to-face teaching situation to supplement our curriculum.

Please sign below to acknowledge that you permit me to show this movie to my classes.

Teacher Signature _____ Date _____

Principal Signature _____ Date _____