

Homestead Senior High School



Authorization Request to Show Video

2025-2026

Teacher's Name: _____ Room# _____

Title of Video to be shown: _____ MPAA Rating: _____

Date(s) needed for showing (please submit at least 48 hours in advance):

Objective: _____

Briefly state how the video specifically relates to your course objectives: _____

Assignment for lesson: _____

Please acknowledge the statements below by initialing in the space provided.

___ I am familiar with the copyright and fair use guideline rules in place by Miami-Dade
County Public Schools.

___ I have previewed the video and found it appropriate for classroom use.

Periods to be shown:

Period 1 ____

Period 2 ____

Period 3 ____

Period 4 ____

Period 5 ____

Period 6 ____

Period 7 ____

Period 8 ____

Administrative Approval _____ Date _____