

REQUEST FOR THE DUPLICATION OF VIDEO TAPE PROGRAMS

DATE: _____

TO: Cable Channel Program Director

I am interested in receiving _____ (number) copy/copies
of the _____ program
which aired on the school district cable channel on _____ (date).

I agree that this material will not be copied, edited, or otherwise used without the expressed written permission of the Superintendent.

I agree to pay \$25 for per VHS tape.

Signed and agreed: _____

Return to: Mrs. Debbie Patterson, Superintendent's Administrative Assistant
Riverside Local Board of Education
585 Riverside Drive
Painesville Twp., OH 44077

Phone: (440) 358-8202