



SHS Video/DVD/Software Request Form

Date: _____

Name: _____

Department: _____

Title of Video, DVD, Software, etc.: _____ Price: _____

Distributor Name: _____

Distributor Address: _____

For which class, unit or lesson will this be used? _____

Rational for purchase: _____

Instructor Signature _____ Chairman Signature _____

****Please complete online form and PRINT a copy to be signed and submitted to the Media Center Staff.**