

VIDE	O SCREENING INFORMATION	
Name of Event Sponsor (UK Dept/Student Org):		
Contact Person:		Telephone Number: ()
UKY E-mail Address:		Reservation ID # (<i>If Known</i>):
Name	of Video/Film:	
Name	of Distributor/Agent:	
Date(s) of Screening:		Time(s) of Screening:
Location	on (Building & Room):	
POLI	CIES/GUIDELINES	
In prov		Management Office, I certify the following the following with
 I am screening the video in a room which I have reserved, and I am the event sponsor contact. The public viewing rights document, which must be submitted with this form, should include the time, date and location of the film as well as the film title. The Federal Copyright Act (Title 17 of the US Code) governs how copyrighted materials, such as movies, may be used. Neither the rental nor the purchase of a copy of a copyrighted work carries with it the right to publicly exhibit the work. Non-classroom use at universities requires a public performance license/public viewing rights be obtained. I understand as the event sponsor I am fully liable and responsible for payment of fees and contract obligations as they may relate to the screening of this video/film. 		
CONFIRMATION		
I understand that there are only three ways films/videos can be screened on UK's campus and have indicated herein the terms of my agreement with the owner(s) of the video/film (select one option below):		
	person in possession of the video/film has done so fe	greement with the authorized distributor/agent or obtained proof the or screenings requested. LIC VIEWING RIGHTS MUST BE ATTACHED TO THIS FORM.
	I have purchased the video/film for public screening purchase price or obtained proof that the person in PUBLIC VIEWING RIGHTS MUST BE ATTACHED	
	exemption, as it applies to the University of Kentuck	a specific statutory exemption. I understand the only statutory ky, is for classroom use. Classroom use means that the video/film is nembers of the class are invited, is not advertised, admission is not e.
	purposes. This includes portions of videos which w	blic domain/non-subscription website site for educational ere made for non-commercial purposes, documentaries, or videos R USE BY ART MUSEUM AND ART HISTORY FACULTY ONLY.
Signature of person making request: Date:		
Please	return this form to: EventManagement@uky	v.edu
For O	ffice Use Only:	

Date:

Confirmed by: ___