

**(Insert Date)**

**(Insert Name/Address of the Copyright Owner)**

Attention: Permissions Department

West Valley Community College in Saratoga, California, requests authorization to modify the below listed audiovisual material(s) to include captioning for the purpose of ensuring access for students with disabilities within the instructional setting for education purposes.

The audiovisual material will be used until such time the material is removed from the West Valley College collection. Your signature on this document confirms that permission has been authorized. This authorization will be clearly placed on the audiovisual material, along with the date that permission was authorized.

This request is time-sensitive and requires an immediate response. Please reply via e-mail or U.S. Mail on or before **(insert date)**.

**Title of Audiovisual Material:** \_\_\_\_\_

**Title of Audiovisual Material:** \_\_\_\_\_

Thank you for your assistance.

Your Name  
Your Title and Department  
Your E-mail Address

West Valley College  
14000 Fruitvale Avenue  
Saratoga, CA 95070

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**Company Permissions Department Authorization Date**

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**(Printed Name, Title, and Company of Individual Granting Authorization)**