

REHOBOTH PUBLIC ACCESS CORP., Inc.  
320 Anawan Street  
Rehoboth, MA 02769  
Tel.: (508) 252-9536; FAX: (508) 252-9537

Educational Access Channel Transmission Request Application

A. Identification of Applicant requesting Educational Access Channel transmission by RePAC:

Name of Applicant (please print): \_\_\_\_\_

Name of Authorized Representative (please print): \_\_\_\_\_

Address:

B. Identification of Program: \_\_\_\_\_

C. Type of Recording or Production (Videotape or DVD): \_\_\_\_\_

D. Authorization for Transmission: I, the above-named applicant or its lawful representative, hereby authorize RePAC to transmit the above-identified program over its Educational Access Channel.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

E. Ownership Statement: I, the above-named applicant or its lawful representative, hereby state that I am the sole owner of the above-identified program and I further state that I possess each and every relevant copyright and intellectual property interests in said above-identified program without any infringement or curtailment of rights that any other party may, or does, possess. I further state that, in the event that any other person has any property interest in the above-identified program, I have written permission and/or license that empowers me to exercise ownership rights over the above-identified program.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

F. Program Content: I, the above-named applicant or its lawful representative, hereby state that I bear sole responsibility for the content of the above-identified program and state that it has academic, scholarly, or educational redeeming value and further state that its content conforms to the reasonable and fair expectation of privacy rights and speech and does not violate any rights, under law and equity, that others may, or do, possess.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

All program requests submitted under this application are subject to editorial review by RePAC