

DISABILITY RESOURCES & SERVICES

STUDENT AGREEMENT FOR RECORDING CLASSES

Date: _____

"I _____ understand that, as a student enrolled at the institution who has a disability that affects my ability to take or read notes, I have the right to record my class lectures for use in my personal studies only. I realize that lectures recorded for this reason may not be shared with other people without the written consent of the lecturer. I also understand that recorded lectures may not be used in any way against the faculty member, other lecturer, or students whose classroom comments are recorded as part of the class activity. I am aware that the information contained in the recorded lectures is protected under federal copyright laws and may not be published or quoted without the expressed consent of the lecturer and without giving proper identification and credit to the lecturer. I agree to abide by these guidelines with regard to any lectures I record while enrolled as a student at the institution.

Due to the nature of the class, _____, that I am currently taking and recording, I agree to turn the recorder off during periods where others are self-disclosing. The instructor will prompt me when to stop recording and when it is appropriate to record again.

Signature of Student

Date

DRS Manager

Date