

STUDENT CONTRACT FOR RECORDING CLASS LECTURES

By initialing and signing this document, I hereby understand and agree to the following conditions:

_____ I understand that permission to audio record class lectures has been granted to me as an accommodation for the semester listed on my Accommodations Plan.

_____ I understand that any material recorded in class is to be used solely for my learning purposes.

_____ I understand that the recordings cannot be distributed in part or whole to other parties, posted online without the instructor's permission, or used for administrative purposes.

_____ I agree that at semester's end I will erase the recordings. If I wish to retain the recordings, I will seek the instructor's permission in writing.

_____ In classes where students request privacy, or elect to not have their comments or discussions recorded, I will turn off the recording device during these discussions in order to protect classmates' privacy.

_____ I understand that if I do not adhere to the above conditions this may result in a loss of permission for future recording.

_____ It is prohibited for me to share this recording with any parties inside or outside of the classroom.

Signature

Date

Student: _____

ADA Coordinator: _____

Instructor: _____

* Instructor: maintain a copy of this signed form and return a signed copy to the ADA Coordinator.