Recording Lectures Agreement Form

I understand that I have been approved for the disability-related accommodation to record classroom lectures/discussions using audio capture software as a means of note-taking.

I understand that the use of such recordings is for my personal study only.

I understand that the recording is intended for my appropriate use as a student, and no other purpose.

I understand that therefore I may not share the audio recording with anyone without the consent of the instructor.

I understand that information contained in the recorded lecture is protected under Federal and International Copyright legislation, and may not be published or quoted without the lecturer’s explicit consent and without properly identifying and crediting the lecturer.

I understand that violating this agreement will result in the withdrawal of the authorization to record lectures with or without audio capture software, as well as a review of access to similar services in the future.

I understand that any use of recordings in violation of this policy constitutes academic misconduct and may result in an Honor Code violation resulting in suspension or being directed to withdraw from the University.

I have read and understand the Recording Lectures Agreement Form as an Accommodation, and I agree that I will follow the terms of this agreement in accordance with the spirit of the policy.

(Student’s Signature)  (Date)

(Print Student Name)  (ID#)

(Course Name and # / Semester)

(Instructor Name)