

Agreement Form – Recording Lectures

I understand that because of my disability I have been approved for the accommodation of the ability to record classroom lectures/discussions.

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 recordings are only to be stored on my personal computer hard drive and will not be stored on any cloud-based storage.

I understand that I must delete the recordings from my personal hard drive at the end of the semester.

I understand that information contained in the audio-recorded lecture is protected under federal and international copyright legislation, and may not be published or quoted without the lecturer's explicit consent and without properly identifying and crediting the lecturer.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 audio-record, 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 College.

I have read and understand the Policy on Use of an Audio Recording Device 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)

(Camel ID#)