

PERMISSION TO RECORD CLASS LECTURES

		is permitted to audi	_ is permitted to audio record lectures for	
(student name)				
Course Title:			_	
Course Number:			_	
Instructor:			_	
Term (check one):	□Fall □Spring □S	Summer Winter 20		

The foregoing permission is conditioned on and subject to the following:

I understand and agree that lectures and course materials, including, but not limited to presentations, tests, outlines, and other materials are protected by copyright law.

I understand and agree not use the recordings for any purpose other than my individual learning in a private or collaborative format, and will not share them with, or distribute them to, anyone outside the course.

I understand and agree not that the recordings may not be transmitted, distributed, reproduced, or uploaded to other parties not enrolled in the class or to publicly accessible web environments.

I understand and agree not use the recordings for any non-educational or learning purposes, including but not limited to any claim, dispute or controversy (whether in contract, regulatory, tort or otherwise, whether pre-existing, present or future and including constitutional, statutory, common law, intentional tort and equitable claims) arising from or relating to my education.

I understand and agree that recordings must be destroyed at the end of each term, unless my instructor gives express written permission to retain the records. Said permission should be attached to this form.

I understand and agree that violation of the above policy may result in legal sanctions, including but not limited for violations of copyright law, and may subject me to institutional disciplinary action under the Student Conduct Policy.

I understand that any part of this agreement may be voided at any time and for any reason at the discretion of the instructor or the institution.

Student Name:	
Student Signature:	 Date:
Instructor Name:	
Instructor Signature:	 Date: