Stetson University Academic Success

Audio Recording Agreement

| I, | , understand that as a student registered with Academic | |
|--|---|----------------------------------|
| Success for an audio recording accommodation, I have the right to audio record my class lectures | | |
| and that these recordings are for my personal academic use only. Lectures recorded for this | | |
| reason may not be shared with other peop | le without the written con | nsent of the professor. I am |
| aware that the information contained in th | e recorded lectures const | itutes intellectual property and |
| is protected under federal copyright laws. | This information may n | ot be published or quoted |
| without the expressed consent of the profe | essor and without giving | proper identification and |
| credit to the professor. I also understand | that recorded lectures ma | y not be used in any way |
| against the faculty member, other lecturer, or students whose classroom comments are taped as | | |
| part of the class. Violation of this agreem | ent may result in a stude | nt being reported to the Office |
| of Community Standards. | | |
| I agree to abide by these guidelines with r | egard to any lectures I re | cord while enrolled at Stetson |
| University. | | |
| | | |
| Student's Signature | Da | te |
| Professor(s), by signing below you indica | te that you give permission | on for the above signed |
| student to audio record lectures in your cl | ass. | |
| Professor's Signature | Class | Date |