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 people without the written consent of the professor. I am aware that the information contained in the recorded lectures constitutes intellectual property and is protected under federal copyright laws. This information may not be published or quoted without the expressed consent of the professor and without giving proper identification and credit to the professor. I also understand that recorded lectures may 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 agreement may result in a student being reported to the Office of Community Standards.

I agree to abide by these guidelines with regard to any lectures I record while enrolled at Stetson University.

________________________________                     _____________________
Student’s Signature                               Date

Professor(s), by signing below you indicate that you give permission for the above signed student to audio record lectures in your class.

________________________________      ____________               _____________________
Professor’s Signature      Class                               Date

Accessibility Services Center • 386.822.7127 • www.stetson.edu/accessibility