

****CONFIDENTIAL INFORMATION****

Waiver for Classroom Recording

Date:

I, _____ as a student in Professor _____'s
class, hereby request to make an audio recording of the class, during the _____ semester.

I understand that this recording is for my own personal use to enhance my learning and education. I agree to share this recording with no other individuals, including other students, family, friends or colleagues. I agree to keep this recording in a safe location and not to load it onto a hard drive of any electronic device except the same device it was recorded on and not to make it available in any social media context. Finally, I agree to destroy any recordings related to course content at the end of the semester.

I am aware that through the provision of recording lectures as an academic accommodation (to facilitate access) does not guarantee my success in this course. I am aware that, in regard to accommodations, I must keep the Accessibility Resource Center (ARC) and my professor in the communication loop throughout the semester. I agree to meet with my professor and my Accessibility Specialist mid-semester to collaboratively evaluate the effectiveness of my accommodations in the above-named course.

Agreed and signed mutually:

Student Signature

Instructor Signature