Audio Recording Agreement

Under the Americans with Disabilities Act and Section 504 of the 1973 Rehabilitation Act, students with documented disabilities cannot be denied equal access to institutions of higher education programs and activities. It is therefore the college's responsibility to provide auxiliary aids and services to students with documented disabilities.

The Office of Student Disability Services may recommend that a qualified student with a disability be permitted to audio record class lectures as a form of academic accommodation. Students who have been granted this accommodation must agree to abide by each of these provisions and sign the contract that appears below.

The Office of Student Disability Services has recommended that I, _____, be permitted to audio record certain class lectures as a form of academic accommodation. I have read and fully agree to the following conditions and terms:

1. I will use recordings of class lectures only for my personal use for these specific courses.

2. I understand that faculty have copyright interest in their course materials and agree not to infringe on this right in any way by not releasing, digitally uploading, or otherwise sharing all or any part of the recordings. I further agree that I will not profit financially and will not allow others to benefit personally or financially from the recordings.

3. I agree to destroy any recordings that were made when they are no longer needed for academic work.

4. I understand that I am responsible for providing adequate security to protect the recording from loss or theft.

5. I will manage the recording device in a way that does not disturb others or call attention to the fact that I am recording a lecture.

6. I understand that any violation of this agreement may subject me to discipline under the Student Code of Conduct or subject me to liability under copyright laws.

7. I understand failure to abide by these provisions may result in loss of permission to audio record class lectures.

Sign _____   Date _____
Course(s) _____   Student ID# _____
_____   DS Witness_____
_____   Date Permission Expires _____
_____
_____
_____