

Accommodation Agreement Electronic Recording Devices

Instructor:

Course Number/Section:

Semester: Fall Spring Summer **Year:**

I _____, understand and agree that recording class proceedings for the above listed
(Print Student Name)

instructor and course for the above listed quarter is permitted and protected as an accommodation to me under Part 84.44 of Section 504 of the Rehabilitation Act of 1973 (P.L. 93-112, amended P.L. 93-516). These records are for personal study only and the sole purpose of the recording is to provide equal opportunity to learn with respect to course activities and requirements. Tape-recorded lectures may not be used in any way against the faculty member, other lecturers, or students whose classroom comments are taped as a part of the class activity. Information contained in the tape-recorded lecture is protected under federal copyright laws and may not be published or quoted without the express consent of the lecturer and without giving proper identity and credit to the lecturer. **I further understand and agree to the following conditions:**

1. Recording is limited to classes, course-related meetings and student-teacher conferences.
2. The instructor may direct that *highly sensitive* material that may be discussed in a given class session not be recorded, only if other students are simultaneously instructed not to take notes. Discussion that contains an instructional component may be recorded.
3. I will not make copies of recorded material or post on any social media.
4. I will not use the recorded material in any form for any purpose other than to accommodate my performance and learning in the course.
5. I will not allow anyone not connected with this accommodation to listen to the recordings.
6. I must destroy the recordings at the end of the semester when I have completed the course

Student Signature _____ Date _____

Instructor Signature _____ Date _____