
Agreement Regarding Audio Recording of Lectures

Dear Professor

Student Name (please print)

Student ID

Course

Section

Term

I am a student registered with Specialized Support and Disability Services (SSDS). For accessibility-related reasons, one service accommodation I require is audio recording lectures. By providing this signed form:

- I acknowledge that the lecture material recorded is proprietary, and to be considered your intellectual property.
- I agree not to share or transmit the recording in **any** form to **any** other person.
- The recordings shall not be sold, transferred, re-recorded, published or distributed in **any** way.
- I agree to erase/destroy the recordings when they are no longer needed by me for purposes of private study for this course.
- I acknowledge that misuse of the recordings may constitute Academic Misconduct.

Signature

Date