



Permission to Audio Record: Student Agreement Form

Student Name: _____

The Office of Accessible Education and Student Support has determined that I be permitted to audio record class lectures as a reasonable accommodation. I hereby agree to the following:

1. I will use recordings solely for my personal use in study and preparation related to the course(s).
2. I will only audio record class content in instances when other students are permitted to take notes.
3. I will not alter, copy, or share these recordings, including through social media, with any other person. This also prohibits sharing recordings with other students in the same course(s).
4. I will permanently delete all recordings at the conclusion of the course.
5. I understand that failure to abide by these guidelines may constitute a policy violation and result in a referral to the Office of Student Conduct and Community Standards and may also initiate review of my accommodations by the Office of Accessible Education.

Student Name

Date

Student Signature