

## Accessibility Services Office

### Lecture Audio Recording Agreement

At the time of the Intake Interview, the student will review and *CHECK* each box, print, sign, date, and, provide your student ID number, in order to understand and agree to the Lecture Audio Recording Agreement.

- ☐ I understand that because of my disability I have been approved to produce audio recordings of class lectures for my personal study use only, and no other purpose.
- ☐ I understand that I may not share the audio recordings with others, or profit financially from the content I record.
- ☐ I understand that information contained in the audio-recorded lectures is protected under federal and international copyright legislation, and may not be published or quoted without the lecturer's explicit consent and without properly identifying and crediting the lecturer.
- ☐ I understand that, in some cases, recording may be prohibited at the discretion of the instructor when the content involves personal discussion and/or self-disclosure. In these cases the student and ASO Director will work with the instructor to obtain alternative note-taking assistance to supplement these sections of the course.
- ☐ I agree to delete the recordings at the conclusion of the semester.
- ☐ I agree not to use a video recording device to record class lectures, meetings with instructors, etc.

**Violating this agreement may result in the withdrawal of the authorization to record in the course. It may also subject me to discipline under the Ohio Wesleyan University Student Code of Conduct.**

By completing the bottom portion of this form, I acknowledge to have read and understand the above agreement:

Student Printed Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ASO Staff Initials: \_\_\_\_\_