Banacos Academic Center

Disability Services

Learning Disabilities Program

Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor Phone #:\_\_\_\_\_\_\_\_\_\_\_

ds@westfield.ma.edu

ldp@westfield.ma.edu

**Recording Classes via Video, Audio or Photograph Agreement**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UWID: A:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If requested by an instructor for a course you wish to record by video, audio or photograph, please discuss what limitations of use pertain to the recording or images and initial all that apply to this agreement.

By signing this document, I hereby recognize that:

\_\_\_\_\_\_ I understand that the material recorded in class is to be used solely for my learning purposes and cannot be distributed in part or whole to other parties or posted online without the professor’s permission.

\_\_\_\_\_\_ I agree that at semester’s end I will erase the recordings. If I wish to retain the recordings, I will seek the professor’s permission in writing.

\_\_\_\_\_\_ In classes where students request privacy (such as counseling classes), I will turn off the recording (when appropriate) during these discussions in order to protect classmates’ privacy.

\_\_\_\_\_\_ I understand that if I do not adhere to the above conditions this may result in a loss of permission for future recording.

\_\_\_\_\_\_\_ I am not obligated to share this recording with the instructor or anyone else.

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Professor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return a copy of this agreement to your Banacos advisor to be kept on file.