

**Suggested Classroom Recording Contract**

Class Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accessibility Services recommended modification: Audio Recording

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_am a student registered with the Accessibility Services (A.S.) at Helena College. A.S. has recommended audio recording of classroom activity, discussions, and lectures as a reasonable accommodation for personal study.

1. I understand that my ability to record these lectures is only for my academic benefit as a reasonable accommodation recommended by A.S.
2. In a timely manner I provided my instructor with my A.S. letter of verification identifying the recording of classroom lectures as a reasonable accommodation, before I recorded any lectures, discussions, or classroom activity.
3. I understand that the instructor must inform other students in the class that audio recordings of the classroom will take place. In addition, **the instructor will make reasonable efforts to protect my right to privacy**.
4. I will not share these recordings with any other student, whether or not they are in my class, without permission from the instructor.
5. I will not share these recordings with any other person, source, or through any medium (like facebook or youtube) without permission from the instructor.
6. I understand that these recordings are the intellectual property of the instructor, and that any sharing of these recordings with any other person or medium without permission of the instructor is a violation of the Student Code of Conduct, University Policy, and applicable federal and international copyright laws.
7. I will delete or destroy these recordings upon completion of the academic term for which these recordings were made. (See below)

By signing this contract, I agree to the terms above.

Student Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID #: 7700-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Instructor Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please give A.S. a signed copy of the recording contract.**

All recordings must be destroyed upon completion of the academic term for which they were recorded.