



SOUTHWESTERN UNIVERSITY

Center for Academic Success

Classroom Recording Agreement

Student Name: _____

Course Name: _____

The student agrees to abide by all copyright laws applicable to the recording of classroom lectures.

The student will not reproduce the recordings in any format, nor make the lectures recorded available to other students for any reason.

The student hereby agrees and understands that the recording of lectures is being allowed due to a documented disability on file with the Associate Director of Academic Success.

The student hereby agrees and understands that any recordings in their possession at the conclusion of the course should be destroyed.

A violation of the copyright law referred to above will be determined by the Dean of Students.

Due to the nature of some course content, the instructor has the right to signal/ask the student to cease recording the class lecture/discussion.

I have read and understand my responsibilities as stated under this Classroom Recording Agreement.

Student Name (Print): _____

Student Signature: _____ Date: _____