AUDIO RECORDING CONTRACT

Campus policy and federal law require that students be permitted to use an audio recorder in an academic setting when recording of material is necessary to provide reasonable accommodation for a documented disability. The following agreement is intended to protect the rights of the student and faculty member while complying with this policy.

________________________________________________________________________

Course      Semester/Year
________________________________________________________________________

I, ________________________________________, do hereby agree to use audio recordings or transcriptions only for study and classroom-related use. I agree not to release, share or duplicate recordings or transcriptions without authorization of the undersigned faculty member. I agree not to use recorded or transcribed materials in any way which would interfere with the legal right of privacy or faculty members’ efforts to obtain copyright.

I further agree to handle all recorded material in the manner designated by the undersigned faculty member:

___ Student may keep material
___ Return to professor
___ Return to Student Ability Success Center
___ Student is responsible for erasing/discarding material
___ Other: ______________________________________

The above is an agreement between the following parties:

________________________________________________________________________

Professor’s Signature          Date

________________________________________________________________________

Student’s Signature            Date

Student Ability Success Center  Division of Student Affairs
San Diego State University  5500 Campanile Drive
San Diego, CA 92182-4740
Tel: 619-594-6473  Fax: 619-594-4315  TTY: 619-594-2929