

Audio Recording Agreement

Students with the approved accommodation of audio recording have the right to record all class content including lecture, class discussions and interactive class components.

If there are concerns about the appropriateness of audio recording or any other accommodations for a particular class, faculty are asked to contact Carissa Monaco, Sr. Director of the Disability Services Office directly at cmmonaco@carlow.edu.

This agreement serves as a resource for students and instructors to support the discussion about the expectations, responsibilities and boundaries of audio recording in the learning environment. If desired, instructors may ask students to complete this agreement to confirm understanding of mutual expectations related to audio recording.

Upon request of the course instructor, students should complete this Audio Recording Agreement, sign and provide a copy of the completed form to their instructor(s) and the Disability Services Office (DSO).

Completed forms may be submitted via email at DSO@carlow.edu or in-person at University Commons, Room 411-D

Student Name:Click or tap here to enter text.

ID Number:Click or tap here to enter text.

Email Address:Click or tap here to enter text.

Phone Number:Click or tap here to enter text.

Instructor Name:Click or tap here to enter text.

Instructor Email:Click or tap here to enter text.

Course Name/Section:Click or tap here to enter text.

Semester/Year:Click or tap here to enter text.

By completing this form, I agree to the following:

- I understand that the content of audio recordings is for my personal academic use and is not to be shared with others who do not have permission to record.
- I understand that audio recorded content may not be published or quoted in any form without expressed consent from, and without giving proper identification and credit to the lecturer.
- I agree to abide by these guidelines with regard to any content that I record for the courses for which I am enrolled, including any guest lecturers and substitute instructors.
- I understand that failure to abide by this agreement could result in violation of the student codes of academic and/or behavioral conduct.

X

Student Signature and date

X

Instructor Signature and date