Winter College Disability Services

Audio Record Agreement (#3401)

Student Name: ___________________________ WC ID #: ___________________________
Course: ___________________________ Semester: ___________________________

Westminster College Disability Services has recommended that I, ___________________________, be permitted to audio record certain class meetings as a form of academic accommodation.

A faculty member may restrict the use of recording a class meeting(s) if at the discretion of the faculty member recording the class would have negative impact on the dynamics of the learning environment or if it infringes upon the intellectual property of the faculty member. If this happens, we can look for a traditional note-taker.

Faculty section

I agree to having some or all of my class meetings recorded under the circumstances outlined in this agreement. I understand that:

1. All students in the class as well as guest speakers will be informed by me that permission was granted for audio recording to occur. The student will not be named.
2. I may request that the recording device be turned off during class discussions.
3. I need to communicate this policy to the class in a way that does not identify the student

Please note that the faculty may not forbid a student’s use of an aid if that prohibition limits the student’s participation in the school program.

The Section 504 regulation states:
A recipient may not impose upon handicapped students other rules, such as the prohibition of tape recorders in classrooms or of dog guides in campus buildings that have the effect of limiting the participation of handicapped students in the recipient’s education program or activity.

Faculty name (printed) ____________________________________________________________

Faculty signature ________________________________________________________________

Revised 7/2019
Student Section

As a condition of using the accommodation of audio recording classes, I hereby agree to the following:
1. I will use recordings of class lectures solely for my personal use in study and preparation related to the class.
2. I will not share these recordings with any other person, whether or not that person is in my class.
3. I will not use or post any part of these recordings on social media or share with any outside entities.
4. The recorded lecture, and students whose classroom comments are recorded as part of the class activity, are protected under federal copyright laws and may not be published without the consent of the lecturer and class participants.
5. I acknowledge that the recordings are sources, the use of which in any academic work is governed by rules of academic conduct for my School or College.
6. I will destroy any recordings that I was permitted to make no later than the end of the semester/term.
7. I understand that failure to abide by these provisions will result in loss of permission to audio record class lectures and may result in disciplinary action.

Student name (printed) ____________________________________________________________

Student signature ___________________________ Date ______________________

Disability Services Staff Signature ________________________________________________

Date ______________________

This agreement is valid with an approved disability-related notetaking accommodation and only when both the student and faculty member have completed this form together. The student should provide a copy of the completed and signed Recording Class Agreement to Disability Services. Both the faculty member and the student should retain copies as well.