

AUDIO RECORDING AGREEMENT

Semester (circle one): SUM FALL WIN SPR 20____

To: _____

From: Disability Support Services

Subject: Audio Recording Agreement

The student named on this form has been determined eligible for classroom academic support adjustments (audio-recording lectures) under section 56026 of Title V, ADA, and the Rehabilitation Act of 1973, section 504, and has signed the agreement below. If you have any questions please contact the Moreno Valley College DSS Office at (951) 571-6138.

- I _____ understand that, as a student enrolled at Moreno Valley College who has a disability affecting my ability to take or read notes, I have the right to record my class lectures for use in my personal studies only.
- I realize that lectures recorded for this reason may not be shared with other people without the written consent of the lecturer.
- I understand that recorded lectures may not be used in any way against the faculty member, other lecturer, or students whose classroom comments are recorded as part of the class activity.
- I am aware that the information contained in the audio-recorded lectures is protected under federal copyright laws and may not be published or quoted without the expressed written consent of the lecturer and without giving proper identity and credit to the lecturer.
- I agree to abide by these guidelines with regard to any lectures I record while enrolled as a student at Moreno Valley College.

Student Signature: _____ Date: _____

DSS Staff Signature: _____ Date: _____