

Student Authorization for Use of Class Recordings*

I, _____ (print name), acknowledge and authorize that recordings of class sessions in which I participate may be used by the professor for purposes consistent with academic, teaching, and scholarly activities.

I understand that these recordings may include my image, voice, and/or contributions made during class discussions. I grant permission for such use by the professor for educational and scholarly purposes only.

Signature: _____

Date: _____

*This authorization is for when a faculty member wishes to share the recording with those other than the students who are in the class. In-class recording and distribution to the class is allowed with notification to students.