

I _____ (presenter's name) give _____ (student's name) permission to electronically record _____ (class) lectures/presentations for the _____ (semester/year). The student has read and understands the conditions and limitations regarding the electronic recording of class presentations. As a condition of electronic recording the class presentations the student agrees to the following conditions and limitations:

- 1) The recorded materials, and all information contained within, are protected under federal copyright laws and may not be published or quoted without written permission of the presenter(s) and Mercy College of Ohio.
- 2) The student will not use any recording for commercial, compensatory or non-educational purposes.
- 3) Recording of lectures or classroom presentations is solely for the purpose of individual or group study with other students enrolled in the same class.
- 4) The recorded materials cannot be copied, retransmitted or disseminated in any fashion.
- 5) The recorded materials cannot be posted on any website or social media site.
- 6) Recorded materials cannot be used against any faculty members, Mercy College of Ohio or other students whose classroom comments may be recorded.
- 7) Students must destroy all class recordings at the end of the semester unless stated otherwise in the policy.
- 8) Students must sign the Electronic Recording Policy Release Form each semester for each class where recording permission is requested. If two or more faculty present in a course, each faculty member must grant permission to record. If yes, faculty member will provide a copy of agreement to the student, place a copy in his/her files, and provide a copy to his/her Program Chair and/or Dean. If receiving academic accessibility, the original copy will be kept in the student's file in Student Formation, a copy will be provided to the student, and a copy will be provided to the instructor(s).

Yes No Rescinded

Faculty Signature date

Student signature date

Faculty Name (printed)

Student name (printed)

Expiration Date: _____

Student ID # _____