



DISABILITY SUPPORT SERVICES AUDIO AND/OR VIDEO RECORDING/TRANSCRIPT SERVICES CONTRACT

Campus policy and federal law require that students be permitted to record or receive captioning services in an academic setting when recording / transcripts of material is necessary to provide reasonable accommodations for a documented disability. The following agreement is intended to protect the rights of the students and faculty members while complying with this policy.

Course Semester & Year: _____

I, _____ do hereby agree to use recordings or transcriptions only for study and classroom use. I am aware that I need prior authorization from Disability Support Services and that any recordings or transcripts are for my own personal use. I agree not to release, share or duplicate recordings or transcriptions without authorization of the undersigned faculty member. I understand that any misuse of recorded lectures or transcriptions may result in a student conduct violation and subsequent investigation. I further agree to handle all recorded or transcribed material in a manner designated by the undersigned faculty member:

- _____ Return to professor
- _____ Return to Disability Support Services for destruction
- _____ Student is responsible for erasing/discarding material
- _____ Other _____

The above is an agreement between the following parties:

Professor's Name (Printed)	Date
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Professor's Signature	Date
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Student's Signature	Date
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