

ILLINOIS TECH

Center for Disability Resources

10 W 35th Street, Third Floor, 3F3-1 • 312.567.5744 • disabilities@iit.edu

Student Classroom Recording Agreement

I, _____ am a student registered with the Illinois Tech Center for Disability Resources (CDR). CDR has approved the audio recording of classroom lectures and discussions as a reasonable accommodation for use for my personal academic use.

1. I understand that my approval to record these lectures and discussions is only for my academic benefit as a reasonable accommodation approved by CDR. I understand that at the beginning of each semester, before I may record any lectures and discussions, I must provide CDR with a list of my instructors who should receive my accommodation letter.
2. I understand that the instructor may need to make non-identifying statement(s) to the class to inform them others that audio recording will be occurring during the class.
3. I understand that I am entitled to record the lectures and discussions even if the other students and/or the instructor indicate that they prefer not to be recorded.
4. I will not share these recordings with any other student(s), whether or not they are in my class.
5. I will not share these recordings, or a written transcript of these recordings, with any other person(s) in any format through any medium including, without limitation, posting on any public or private websites or social media service.
6. I understand that the recordings may constitute the intellectual property of the instructor, and that any sharing of these recordings with any other person through any medium may violate of the Illinois Tech Student Code of Conduct, University policies, and applicable copyright laws.
7. I will delete and destroy these recordings within seven (7) days after completion of the academic term for which these recordings were made.
8. I understand that if I violate this Agreement I will be subject to disciplinary action.

By signing this contract, I agree to the terms above.

Student Name (please print): _____

CWID #: _____

Student Signature: _____

Date: _____