**Office of Disability Services**

**TAPE RECORDING COURSE MATERIAL**

**STUDENT-FACULTY AGREEMENT**

I, (Student’s name-please print), agree to use this recording/transcription for educational purposes only. I also agree not to release this course lecture recording/transcription to others, post to websites, sell, or in any way hinder the instructor’s ability to obtain a copyright of this lecture content. If this course involves other students’ personal sharing that would be inappropriate to record, I understand that I should be prepared to pause the tape recorder occasionally upon request.

Student V #:

Course Title:

Term/Year:

Instructor’s Name:

Instructor’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature Today’s Date

 **Return the completed form to ODS.**