

# Audio/Visual Recording Agreement Form



DigiPen Institute of Technology works to ensure that appropriate and reasonable accommodations are provided for students with documented, qualifying disabilities. In order to maintain the integrity of the services offered and comply with applicable law, the following policies and procedures apply to all use of recorded visual and audio course materials.

This agreement is made by and between , Student, and DigiPen Institute of Technology.  
(Student Name)

In consideration of the provision of recorded visual and audio course materials, Student acknowledges and agrees to the following:

**Student Initials Required:**

**Initials:**  I understand recording is limited to official class meetings and student-teacher conferences.

**Initials:**  I will not make copies of recorded materials.

**Initials:**  I understand that I do not let anyone to listen to recordings.

**Initials:**  I will not share recorded materials with anyone.

**Initials:**  I will delete all recordings made of the classes at the end of the current semester.

**Initials:**  I will record only lecture components of the class (the instructor, whiteboard, and/or project screen) and NOT general students or live models.

**Initials:**  I understand that recordings is used only for the purpose of my private educational use.

**Instructor Initials Required:**

**Initials:**  The instructor will notify the class that class sessions may be recorded without identifying the student with this accommodation.

I agree to the above set of responsibilities. *Please keep a copy of this form for your records.*

**Student Name:**  **Course Number:**  **Semester:**

**Student Signature:**  **Date:**

**DSS Staff Signature:**  **Date:**

**Instructor Signature:**  **Date:**