

**RECORDING AGREEMENT**

Professor/Instructor: \_\_\_\_\_

Student: \_\_\_\_\_ RAM ID #: \_\_\_\_\_

Class: \_\_\_\_\_ Term: \_\_\_\_\_

Students with Disabilities have the right to record class lectures for their personal study only. (84.44 of Section 504 in the Rehabilitation Act of 1973 P.L. 93-112, amended P.L. 93-516).

- The recordings are to be used solely by the student signing this form and only for individual study for this class.
- Lectures recorded for this purpose may **NOT** be shared with other people without the consent of the lecturer.
- The student must pause the recording if the instructor requires all students to stop taking notes during discussions when personal information is shared by anyone in the class.

**STUDENT PLEDGE**

I have read and understand the above agreement on recorded lectures. I pledge to abide by the above policy with regard to any lectures I record while enrolled in this class.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Professor/Instructor: \_\_\_\_\_ Date: \_\_\_\_\_

Any Questions?  
Contact DSC  
(631) 794-6174

(Adapted with permission from the Policy Book: Guidance for Disability Service Providers, copyright 2000 by LRP Publications, 747 Dresher Road, Horsham, PA 19044-0980. All rights reserved. For more information, please call 1-800-341-7874