

Audio Recorded Class Sessions Agreement

Name: _____ First M.I. Last
S#: S _____ Phone #: _____
Email: _____ @student.cccs.edu Your official CCD email account is the only email CCD will accept for correspondence.

AC, where appropriate, may recommend that a student with a qualifying disability be permitted to audio record class sessions as a form of academic accommodation. Use of the accommodation of audio recording is subject to the following provisions:

1. Audio recordings of class sessions are only for the student's use in study and preparation related to the class, and may not be distributed in any form or released to the media.
2. Upon request, the student will cease recording of the class session when audio recording may violate others' rights to privacy.
3. A student's failure to abide by all provisions of this Agreement may be considered a violation of the CCD Student Code of Conduct.
4. Audio-recorded lectures may not be used in any way against the faculty member, other lecturers or students.

I have read and understand the above Agreement on audio recorded class sessions at CCD, and I will abide by the above Agreement with regard to any class sessions I audio record while enrolled as a student at CCD. *I affirm that I have read, understand, and agree to this form in its entirety and that the information supplied is true and complete.*

Student: _____
Print Name Signature Date

Instructor: _____
Print Name Signature Date