

Student Agreement

You have been approved to record lectures as an accommodation. This accommodation will allow you meaningful access to lecture material and to the educational experience. By signing this agreement, you acknowledge that you have read (or had read to you) and understand the following guidelines for audio recording lectures:

- I understand that because of my disability, I have the right to produce audio recordings of class lectures only for my personal academic use (studying, filling in notes).
- I understand that the recordings may not be used, shared with others or released for any purpose.
- I understand that information contained in the audio-recorded lecture is protected under state, federal and international laws including copyright legislation and may not be published, released, or quoted without the lecturer's explicit written consent and without properly identifying and crediting the lecturer.
- I understand that at the discretion of the instructor, audio-recording may be prohibited during portions of classes that involve personal discussion and self-disclosure and that will not be subject to testing.
- I understand that other students may disclose information with which I may be uncomfortable or may profess opinions I do not share. I understand this is a normal part of academic discourse; Cedar Crest emphasizes the intellectual freedom of students and faculty in pursuit of knowledge and understanding and believes that such an environment depends upon the insights of the liberal arts disciplines, as well as a respect for the global diversity of viewpoints and cultural backgrounds.
- I understand that any violation of this agreement may be considered a breach of Cedar Crest's Academic Standards of Integrity and that I may be subjected to disciplinary consequences, up to and including expulsion. I further understand that I may be subjected to additional legal proceedings based upon the nature of my violation.

Student Name (print): _____

Student Signature: _____

Student ID#: _____

Date: _____

Disability Services Staff Name (print): _____

Staff Signature: _____

Date: _____