

Northwest Mississippi Community College

AUDIO RECORDING AGREEMENT

Instructor Signature _____

Student Name _____

Student ID# _____

Class _____

Term: Fall __ Spring __ Summer 1 __ Summer 2 __

Year _____

Students with disabilities who are unable to take or read notes have the right to audio record class lectures for their *personal study only*. Lecture audios for this purpose may not be shared with other people without the consent of the instructor. Information contained in the audio-recorded lecture is protected under federal copyright laws and may not be published or quoted without the expressed consent of the individual and without giving proper identity and credit to the presenter.

STUDENT PLEDGE

I HAVE READ AND UNDERSTAND THE AGREEMENT ON AUDIO-RECORDED LECTURES. I PLEDGE TO ABIDE BY THE ABOVE POLICY WITH REGARD TO ANY LECTURES I RECORD WHILE ENROLLED IN THIS CLASS.

Student Signature _____

Witness (staff member in DSSO) _____

Date _____