Office of Disability Services
173 Skirmisher Lane
Middletown, VA 22645
540-869-0758

Recorded Lecture Agreement

Student:_____ Empl ID:_____

Lord Fairfax Community College Recorded Lecture Agreement Policy

Students with disabilities who have been found eligible to record lecture notes have the right to record these lectures for their personal study only **(84.44 of Section 504 of the Rehabilitation Act of 1973 P.L. 93-112, amended P.L. 93-516)**. Lectures recorded for this purpose may not be shared with other people without the consent of the lecturer. Recorded lectures may not be used in any way against the faculty member, other lecturers, or students whose classroom comments are recorded as part of the class activity. Information contained in the recording is protected under federal copyright laws and may not be published or quoted without the express consent of the lecturer and without giving proper identify and credit to the lecturer.

Student Pledge

AUDIO RECORDING AGREEMENT Please review and INITIAL each statement, then sign the agreement below:

_____ I understand that because of my disability I have been approved to produce audio recordings of class lectures for my personal study use only, and no other purpose.

_____I understand that I may not share the audio recordings with others or profit financially from the content I record.

_____I understand that information contained in the audio-recorded lectures is protected under federal and international copyright legislation, and may not be published or quoted without the lecturer's explicit consent and without properly identifying and crediting the lecturer.

_____I understand that in some cases recording may be prohibited at the discretion of the instructor when the content involves personal discussion and/or self-disclosure. In these cases the student will work with the instructor to obtain alternative note-taking assistance to supplement these sections of the course.

_____I agree to delete the recordings at the conclusion of the semester.

_____I agree that I will follow the terms of this agreement in accordance with the spirit of the agreement.

Violating this agreement may result in the withdrawal of the authorization to record in the course, as well as to a review of this accommodation or similar services in the future.

I have read and understand the above Recorded Lectures Policy. I pledge to abide by the above policy with regard to lectures I record while enrolled in this class.

_____ _____

Student Signature Date

_____ _____

Disability Counselor Date

CC: Student
Disability Services

Failure to sign and abide by this form will be considered a violation of the LFCC student code of conduct.