



RECORDING OF LECTURES AGREEMENT

- I am a student with a documented disability who is registered at the College of New Caledonia. Recorded materials are to be used by me in connection with a course in which I am registered.
- I understand that the recording of lectures is an accommodation for my disability. I acknowledge that the Lecture materials I record are Instructor's intellectual property.
- I will use the recordings solely for my own educational purposes.
- I will not copy, share, sell, transfer, publish, distribute or duplicate any sections of these recordings for use by others in any way or purpose.
- I will turn off any recording device during other students or guest lecturers' discussion points.
- I will erase or destroy the recordings when I no longer need them for the purpose of the course I am registered.

STUDENT INFORMATION	
I have read and understand the essentials of this Agreement as listed above and will abide by the terms and conditions as set out. I acknowledge that breach of this agreement will constitute misconduct, for which the College of New Caledonia will hold me accountable.	
Student Name (Print):	Student No:
Student Signature:	Date:

ACCESSIBILITY SERVICES APPROVAL	
Signature:	Date:

FACULTY APPROVAL	
I give my consent to have my lectures recorded: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Instructor Name (Print):	Course:
Instructor Signature:	Date:

Faculty Instructions:

- Notify students that the class is being recorded (do not disclose the name of the student).
- Submit a copy of this form once you signed it to Accessibility Services. Contact information is on the top of the form.