Audio Recording Agreement

As a student enrolled at Florida State College at Jacksonville, who has a disability affecting my ability to take or read notes, I understand that I have been approved to audio record class lectures for use in my personal studies only. I understand that lectures taped for this reason may not be shared with other people without the written consent of the lecturer. I also understand that audio-recorded lectures may not be used in any way against the faculty member, other lecturer, or students whose classroom comments are taped as part of the class activity.

I am aware that information contained in the audio-recorded lecture(s) is protected under federal copyright laws and may not be published or quoted without expressed written consent of the lecturer and without giving proper identity and credit to the lecturer. I agree to abide by these guidelines with regard to any lectures that I record while enrolled as a student at Florida State College at Jacksonville.

__________________________________________  __________________________
Student Signature                        Student Name (Printed)

__________________________________________  __________________________
FSCJ Student Support Services           Date
    Staff Signature

The student named on this form has been determined eligible under the ADA and The Rehabilitation Act of 1973, Section 504, for classroom academic support accommodation of tape recording lectures.

A photocopy of this form is as valid as the original

Revised: 03/2015