Recording/Transcribing Lecture Agreement
(Optional – Upon Request by Instructor)

Students who have a qualifying disability may record/transcribe class lectures for their personal academic use only. Recorded/transcribed lectures may not be shared with anyone, whether in the class or outside the class, without the consent of the Instructor. Recorded/transcribed lectures may not be used against the Instructor or students whose classroom comments are recorded/transcribed as part of the class activity. The recorded/transcribed lecture is protected by copyright laws and all intellectual property rights in the recorded/transcribed lecture belong to the Instructor. The recording may not be reproduced or uploaded to publicly accessible web environments. The student will not release the recording/transcription, profit financially from the recording/transcription, or allow others to benefit personally from the recording/transcription. The student must sign this agreement before lectures can be recorded. It is preferred that the student will delete the recorded/transcribed materials in any and all formats within in ten calendar days from the completion of the term for the course. However, if the student needs to retain a copy of the recording/transcription for future academic work, the student expressly agrees that the recording/transcription will never be shared with anyone else, will only be used as a reference for further academic work, and will never be used contrary to the terms outlined in this agreement. Further, the student understands that the Instructor retains all intellectual property rights in the recording/transcription.

One copy of this agreement will be kept in the student's file in the Center for Disability Services. Instructors may request a copy of this signed agreement to keep confidentially in his/her files.

I, ________________________, have read and understand the above policy on recorded/transcribed lectures at College of Charleston, and I agree to abide by the policy.

__________________________________
Instructor’s Name

__________________________________
Course Title/Number

__________________________________
Signature of Student

__________________________________
Date