

**Suggested Classroom Recording Contract**

Class Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office for Disability Equity recommended modification:

 Audio Recording Video Recording

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_am a student registered with the Office for Disability Equity (ODE) at the University of Montana. ODE has recommended either audio or video recording of classroom activity, discussions, and lectures as a reasonable accommodation for personal study.

1. I understand that my ability to record these lectures is only for my academic benefit as a reasonable accommodation recommended by ODE
2. In a timely manner I provided my instructor with my ODE letter of verification identifying the recording of classroom lectures as a reasonable accommodation, before I recorded any lectures, discussions, or classroom activity.
3. I understand that the instructor must inform other students in the class that audio or video recording s of the classroom activity will take place, before I begin recording. In addition, the instructor will make reasonable efforts to protect my right to privacy.
4. I will not share these recordings with any other student, whether or not they are in my class, without permission from the instructor.
5. I will not share these recordings with any other person, source, or through any medium without permission from the instructor.
6. I understand that these recordings are the intellectual property of the instructor, and that any sharing of these recordings with any other person or medium without permission of the instructor is a violation of the UM Student Code of Conduct, University Policy, and applicable federal and international copyright laws.
7. At the instructor’s request, I will delete or destroy these recordings upon completion of the academic term for which these recordings were made. (See below)

By signing this contract, I agree to the terms above.

Student Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID #: 790-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Instructor ID #: 790-\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Please destroy the recordings upon completion of the academic term for which they were recorded

**Office for Disability Equity**

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