Recording Agreement
MVCC Disability Office

To the Professor: Students with disabilities who are unable to take or read notes may have the right to record class lectures pursuant to Part 84.44 of Section 504 of the Rehabilitation Act of 1973. Permission to record lectures is given when a student presents documentation that shows that this is a legitimate disability-related need and when the student agrees to the following:

To the Student:

I, _____, a student in _____, taught by _____ at Mohawk Valley Community College (MVCC), promise to use lectures recorded in the class named above specifically and solely to assist and enhance my personal educational experience and acquisition of course material, having no malicious, self-profiting and/or other than good intentions.

I will not reproduce, in any way, the recordings of the lectures or transcripts produced from those recordings, nor will I share the recordings/transcripts with anyone other than my instructor. These recordings/transcripts are for my personal study only and will 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. Any information obtained about patients, counseling recipients, and all others will be kept strictly confidential and must not be discussed or shared with others under any circumstances. Any posting of recordings to the web in any way is prohibited.

At the conclusion of the course, I will erase all recordings and destroy all transcripts of class lectures. I am aware that all information contained in recorded lectures/transcripts is protected under federal copyright laws and may not be published or quoted without the express consent of the lecturer and without giving proper identity and credit to the lecturer.

Pledge: I hereby acknowledge that I have read and understand the above policy and will abide by the policy with regard to all lectures or transcripts while enrolled as a student at MVCC.

Student (Signature): _____ Date:_____

DSO Staff (Signature): _____ Date: _____