RECORDING AND TRANSCRIPTION OF CLASS CONTENT BY STUDENTS

Recording of class content includes, but is not exclusive to, audio recording, photography, video, scanning, screen capture, and the like.

Each instructor must permit class content to be recorded or transcribed by students when mandated to do so by the Americans with Disabilities Act or by other federal or state laws (Federal 504 Regs., The Federal Register, Vol. 42 No. 86 (5/4/77), page 2264, section 884.44, and Title II, The Americans with Disabilities Act, 8/90). Students who have disabilities, registered and documented with the Office of Disability Support Services, and who are prescribed an appropriate accommodation, are permitted to make recordings or have class content transcribed (which includes real time captioning/computer aided transcription). An instructor may request to see an accommodation letter from the Office of Disability Support Services and may also require that the student sign the University’s standard “Recording and Transcription Agreement” form* (attached) prior to allowing the recording. In all other cases, consent to record class content is at the sole and absolute discretion of the instructor.

Any recording of class content is for private use and study and shall not be made publicly accessible without the written consent of the instructor and students in the class. It is the student’s responsibility to ensure the destruction of the recording immediately after the course final.

*This document is provided as a sample agreement only.

Source: Student Academic Life Committee 5-11-12
Information Technology Committee 12-11-13

EFFECTIVE DATE: May 7, 2014
Supersedes UPS 330.230 dated 5-11-12 and ASD 13-176

UPS 330.230
Effective Date: 5-7-14
RECORDING AND TRANSCRIPTION AGREEMENT

In accordance with federal regulations and University Policy Statement 330.230, Recording and Transcription of Class Content By Students, which is set forth in full on page 1 of this agreement, I agree to use the recordings and transcription of any class content exclusively for my private use and study. I agree not to share these recordings and transcriptions with any individual without the prior written consent of my instructor. I further agree not to hinder my instructor's ability to obtain a copyright.

_________________________  _______________________  ___________________________  _______________________
Student’s signature              Date                Instructor’s signature              Date

_________________________
Student’s name (printed)

_________________________  ___________________________
Course Name                  Class Section

Copy to:  Student
          Instructor
          Office of Disability Support Services (as appropriate)