**Recording Classes via Video, Audio, or Photograph Agreement**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UWID (A#): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WSU Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A student must be approved to record classes or receive recordings of classes. The student must prepare and maintain that recording in a manner that takes into account the instructor’s and other students’ privacy and intellectual property rights. An instructor of a class in which a student has been approved to record or receive recordings, must notify the class that the class will be recorded. The student and instructor should discuss what limitations of use pertain to the recording or images and initial all that apply to this agreement. Please add any other terms agreed upon.

Course #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Professor: (Print Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester & Year (i.e., Fall 2025): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What form of recording has been approved? \_\_\_\_Audio \_\_\_\_Photo \_\_\_\_Video \_\_\_\_

 \_\_\_\_Other: (i.e.,Genio)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who will record? \_\_\_\_\_\_ Instructor \_\_\_\_\_ Student

By signing this document, I hereby acknowledge that:

\_\_\_\_\_\_ I understand that the material recorded in class is to be used **solely for my learning purposes** and cannot be shared, sold, published or distributed in part or whole to other parties, or posted online or in social media without the instructor’s permission.

\_\_\_\_\_\_ I agree that at my completion of this course, I will destroy (delete or erase) all copies of the recordings in my possession. If I wish to retain the recordings, I will seek the instructor’s permission in writing.

\_\_\_\_\_\_ In classes where students request privacy (such as counseling classes), I will turn off the recording (when appropriate or requested by the instructor) during these discussions in order to protect classmates’ privacy.

\_\_\_\_\_\_ I understand that if I do not adhere to the above conditions this may result in a loss of permission for future recording and subject me to Student Conduct proceedings.

\_\_\_\_\_\_\_ I am not obligated to share this recording with any other students.

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

As an instructor, by signing this agreement I acknowledge that it is my responsibility to inform the class of the recording, and that this is best done in writing through the syllabus and online written announcement to the class, and notice at the beginning of each class being recorded.

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