

Valid to (dd-month-yyyy): _____

Re: Academic Accommodations Recording Device for (student name): _____

Student No: _____

When audio recording of lectures is part of a student's accommodation plan, the student is required to provide their accommodation letter outlining recording use to their instructor prior to beginning recording in the classroom. Students must agree to and abide by the following conditions in order to use a recording device for lectures.

Use of a Recording Device as an academic accommodation is provided as a method to ensure a student has all information from which to study from. Decisions regarding this accommodation are based on the functional impacts of the student's disability as outlined in the submitted documentation.

The accommodation for recording of class lectures is made available to (student name) _____ provided that they acknowledge and agree that:

1. an audio recording accommodation is meant for personal academic use only;
2. recordings are not be distributed, copied or displayed in full or in part, to anyone inside or outside the course (including other students);
3. recordings are not to be distributed, copied or displayed in part or in full to other electronic and social media platforms without the written permission from the instructor or any other presenters;
4. the recording device will be turned off when students or instructors are disclosing personal information;
5. recording is permitted ONLY when the instructor is lecturing, as would any other student who takes notes using different modality (i.e. handwriting, typing on a laptop);
6. recordings of lectures are information sources, the use of which in any academic work is governed by rules regarding Academic Integrity and Copyright at Northern Lights College;
7. any failure on the part of (student name) _____ to abide by these conditions may be considered an infraction of the [Student Non-Academic Code of Conduct Policy \(A-5.04\)](#) and result in associated consequences.

By signing below (student name) _____ is indicating their understanding and acceptance of these terms.

I, (student name) _____, hereby agree to and accept the terms and conditions set forth above.

Student Signature

Access Services Coordinator Signature

Date

Date