



Recording of Lectures Agreement

Student Name: _____

Student Number: _____

I am a student registered with Student Accessibility Services. To ensure access, one service accommodation I require is to digitally record lectures, labs and tutorials.

By providing this signed form, I acknowledge that:

- I will inform the instructor that I will be recording lectures.
- I will provide the instructor with a signed copy of this form prior to recording lectures.
- The recordings are for my personal use and no one else.
- I will respect and protect the privacy of the instructor and my classmates.
- The recordings are to be kept only until the course is over and then must be destroyed.
- I will not disseminate this material in any manner to anyone else or upload it electronically, whole or in part, to any website or online service.
- I am responsible for providing adequate security to protect the recording from loss or theft
 - Not leave the recording device lying around
 - Store the files on a password protected computer
 - Protect USB Flash Drive, CDs, storage devices at all times
- I understand the misuse of information may result in termination of this accommodation.
- I understand that information contained in recorded lectures are protected under federal and international copyright legislation, and may not be published or quoted without the permission of University College of the North and without properly identifying and crediting the Instructor and University College of the North.

I understand that failure to comply with these restrictions may result in disciplinary action against me under the University College of the North policy of Student Code of Rights and Responsibilities

Policy <https://www.ucn.ca/sites/empinfo/policies%20and%20procedures/Documents/Academic/AC-01-%20%20Student/AC-01-28%20Student%20Code%20of%20Rights%20and%20Responsibilities.pdf>

and the Academic Integrity Policy

<https://www.ucn.ca/sites/empinfo/policies%20and%20procedures/Documents/Academic/AC-01-%20%20Student/AC-01-26%20Academic%20Integrity.pdf>

My signature indicates that I have read this document and agree to the above noted terms.

Student Signature: _____ Date: _____

SAS Coordinator: _____ Date: _____

Reach Us At: Accessibility@ucn.ca