

ACCESSIBILITY RESOURCES

MINNESOTA STATE UNIVERSITY, MANKATO

Support for Students with Disabilities.

132 Memorial Library • Mankato, MN 56001

507-389-2825 (Phone) • 800-627-3529 (MRS/TTY) • 507-389-1199 (Fax)

www.mnsu.edu/access

Audio Recording Agreement

Professor: _____

Student: _____

Student Tech ID #: _____

Class Name/Number: _____

Semester/Year: _____

Students with disabilities who have limitations with taking or reading notes have the right to record class lectures for their personal study only.* Recording of student conversations/discussions is not allowed. I promise to use this semester's audio recorded lectures in the course listed above specifically and solely to assist and enhance my personal educational learning and acquisition of this course's material, having no malicious, self-profiting and/or other than good intentions. I will not reproduce in any way the recordings of the lectures and notes taken in connection with those lectures, nor will I share the recorded lectures and notes taken in connection with those lectures with anyone other than my note taker or instructor. At the conclusion of the course, I will erase my recordings of class lectures.

Student Pledge

I have read and understand the above agreement on recording lectures. I pledge to abide by the above policy with regard to any lecturers I record while enrolled in this class.

Student Signature: _____

Witness: _____

Date: _____

*84.44 of Section 504 of the Rehabilitation Act of 1973 (P.L. 93-112, amended P.L. 93-156).