

# Electronic Recording Policy Release Form 514-A



I, \_\_\_\_\_ (presenter's name) give \_\_\_\_\_ (student's name) permission to electronically record \_\_\_\_\_ (class) classroom instructional activities for the \_\_\_\_\_ (semester/year). The student has read and understands the conditions and limitations regarding the electronic recording of class presentations. As a condition of electronic recording the class presentations the student agrees to the following conditions and limitations:

- 1) The recorded materials, and all information contained within, are protected under federal copyright laws and may not be published or quoted without written permission of the presenter(s) and Mercy College of Ohio.
- 2) The student will not use any recording for commercial, compensatory, or non-educational purposes.
- 3) Recording of lectures or classroom presentations is solely for the purpose of individual or group study with other students enrolled in the same class.
- 4) The recorded materials cannot be copied, retransmitted, or disseminated in any fashion.
- 5) The recorded materials cannot be posted on any website or social media site.
- 6) Recorded materials may not be used to harass or retaliate against any student or faculty member or for any other non-academic purposes, including external complaints or legal proceedings against the faculty member or Mercy College of Ohio.
- 7) Students must destroy all class recordings at the end of the semester unless stated otherwise in the policy.
- 8) Students must sign the Electronic Recording Policy Release Form each semester for each class where recording permission is requested. If two or more faculty present in a course, each faculty member must grant permission to record. If yes, faculty member will provide a copy of agreement to the student, place a copy in his/her files, and provide a copy to his/her Program Director and/or Dean. If receiving accommodations, the original copy will be kept in the student's file in Student Affairs, a copy will be provided to the student. In this case, faculty can contact Accessibility Services for a copy if necessary.

Yes ☐ No ☐ Rescinded ☐

\_\_\_\_\_  
Faculty Signature date

\_\_\_\_\_  
Student Signature date

\_\_\_\_\_  
Faculty Name (printed)

\_\_\_\_\_  
Student Name (printed)

Expiration Date: \_\_\_\_\_

Student ID # \_\_\_\_\_

**Office:** Vice President of Academic Affairs

**Date:** 05/2021

**Copies to:** Faculty file, Program Director and/or Dean