Student Disability Resource Center
Agreement to Record Lectures as an Approved Accommodation*

I am a student registered with the Florida State University's Student Disability Resource Center. One of my approved accommodations is the ability to tape record the lectures (audio recording).

I agree that:
1. The contents of this course are the property of the professor.
2. The recordings are solely for my access in this course, the contents will be used for this course only and for current semester only.
3. I will not share the recordings in part or in whole with any other person.
4. I will only use the recordings for this course and therefore will delete all recorded lectures at the end of the semester (immediately after taking the final exam) or immediately after I drop the course.

The expectations of this accommodation have been discussed and understood. Student

_________________________  _____________________
Student Signature          Date

_________________________
Printed name

_________________________  _____________________
SDRC Staff Signature       Date

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Instructor Signature       Date