



Audio Recording Lecture Statement

Audio recording is considered a reasonable accommodation under Section 504, Subpart E, Postsecondary Education, of the Rehabilitation Act of 1973 (specifically identified), and the Americans with Disabilities Act, as a means of ensuring full participation in educational programs or activities for students with disabilities. Refusal to allow this accommodation to qualified students violates federal law.

Faculty have the right to protect intellectual property and ensure that recordings are for the sole use of the student as an accommodation and may require students who use recordings to sign an agreement that protects the rights of the instructor and students in the class.

Audio Recording Student Agreement

1. I will use recordings of class lectures solely for my personal use in study and preparation related to the class. I will destroy any recording I made when no longer needed for my academic work.
2. I will not share these recordings with any other person at any time. I will not sell the recording or profit financially from the recording.
3. I will manage the recording device in a way that does not disturb others or call attention to the fact that I am recording a lecture.
4. I understand that if this course involves other students' personal reflection, self-disclosure, or confidential discussions that would be inappropriate to record, I should be prepared to pause the recorder upon request.
5. I understand that information contained in the audio-recorded lecture may not be published, released, or quoted without the lecturer's explicit written consent and without properly identifying and crediting the lecturer.
6. I understand that violation of this agreement may subject me to sanctions under the University's Academic Integrity Policy and/or Code of Student Life, and may subject me to liability under copyright laws and/or civil litigation.

Date: _____

Class Being Recorded: _____ Term: _____

Student ID# _____ Student Name (please print): _____

Student Signature: _____

Instructor or CEA Staff Member Name (please print): _____

Instructor or CEA Staff Member Signature: _____

Instructor and student should retain a copy of this agreement for your records.

209 Arkansas Union • Fayetteville, AR 72701 • Voice: 479-575-3104 • Fax: 479-575-7445

TDD/TTY: 479-575-3646 • ada@uark.edu • <http://cea.uark.edu/>

The University of Arkansas is an equal opportunity/affirmative action institution.