



Audio Recording Agreement

In accordance with the [Academic Accommodations for Students with Disabilities \(E-2.11\)](#) policy, a student with a documented disability, which adversely affects their functional ability to take or read notes, may be permitted to audio-record (digital recorders, smart pens, smart phones, etc.) instructional sessions (lectures, labs, discussions, etc.) as a form of reasonable academic accommodation. Each term a student is provided with a copy of their personal Accommodation Letter and it is the responsibility of the student to share it with the course instructor for each class for which an academic accommodation is being requested.

By signing this agreement, you understand and agree that the use of an audio-recording accommodation is subject to the following conditions:

- Recordings of class lectures are only for the student's personal use in study and preparation related to the class.
- The student may not share or reproduce these recordings with any other person, database, or resource.
- The student will respond accordingly to requests to limit recording when specifically directed to do so by the instructor (e.g. during rare instances in a Camosun College class where all students may be required to refrain from taking notes due to the personal, sensitive nature of the information being discussed).
- The student may not publish or quote the lecture without the written consent of the lecturer.
- The student agrees to destroy all recordings that were made or return all recorded lectures to the lecturer when they are no longer needed for the class for which they were recorded.

I, _____, hereby certify that I have read and agree to abide by the Audio Recording Agreement and the conditions identified above.

I understand failure to abide by the conditions of this agreement may constitute a violation of the [Academic Integrity \(E-1.13\)](#) interim policy and I understand that this agreement will remain in effect as long as I am a student at Camosun College.

Course: _____ Section: _____ Instructor's Name: _____

Student's Signature: _____ Date: _____