

Permission to Record

Student Name	
Faculty	
Course	Semester

Specific Request to Record

I, _____, agree to follow all the elements of the Policy Regarding Student Use of Course Materials and Recording in the Learning Environment.

I, the Faculty, authorize the above:

_____ With **No** Exceptions

_____ With the Following Exceptions:

Faculty Signature _____

Date _____

Student Signature _____

Date _____