



\_\_\_\_\_, is permitted to record lectures for:  
(Print Name)

Course Title \_\_\_\_\_

Course Number \_\_\_\_\_

Instructor \_\_\_\_\_

Semester:    Fall                      Spring                      Summer                      20\_\_\_\_\_  
(Circle One)

The student is permitted to share the recorded lectures with classmates:    Yes            No  
(Circle One)

I understand that faculty members have copyright interests in their class lectures. I will not use the recordings for any purpose other than my own personal academic use related to the course. I understand that the permission to record class lectures may be withdrawn at a later time. I will not share, copy, release, or disseminate the recordings or any part of them. I understand that violations of the Lourdes University Recordings of Faculty by Students policy may result in sanctions.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Once all signatures have been procured, two copies of this form should be made. One copy is given to the student, and the second copy is kept by the Instructor. Original is sent to the Provost Office.*

Copies:            Student  
                      Instructor  
Original to:      Provost