

Classroom Audio Recording Agreement for Student and Instructor
UC Berkeley Extension

STUDENT AGREEMENT

My UC Berkeley Extension class instructor has given me permission to make an audio recording on this date, _____, in this class, _____. I, the undersigned do hereby acknowledge the limitations and restrictions to the use of the audio recording.

Student name (please print)

I understand that the permission I have to make an audio recording on the date recorded above is only for that date and with any limitations stated by the instructor as to the portions of the class that may be recorded.

I understand that my right to use this audio recording is restricted to the purpose of my own individual or group study with students enrolled in this same class. Further, I understand that any other use, commercial or otherwise, may subject me to legal proceedings brought by the instructor as well as action by The Regents of the University of California.

Signed _____ Date _____

INSTRUCTOR PERMISSION

The undersigned UC Berkeley Extension instructor has given permission for the enrolled student named above to make an audio recording of portions or all of the class session on the date stated above.

Instructor name (please print)

With respect to the privacy rights of other students, I have asked for the consent of each student attending the class on the date of the recording and they have consented to have the session, or portions of the session, recorded for the educational purposes stated above.

Signed _____ Date _____

(Instructor, please give this original signed form to the program office.)