



Academic Services

Learning Access - Agreement for Recording Lectures

Under federal law, educational institutions are required to provide auxiliary aids and services to students with disabilities and ensure equal access to programs, courses and activities. Audio recordings are considered auxiliary aids that students may request as a reasonable accommodation when their disability impacts their ability to take notes in a class. Permission to make recordings will not be withheld if such recordings are reasonably necessary to accommodate a student's disability as defined by the law.

Students who are approved for this accommodation are required to communicate with their instructor prior to using recording devices to record lectures, discussions, etc. Neither the resulting recordings nor any form of transcripts of the recordings may be used for any other purpose other than understanding class material.

In some cases, instructors may object to the use of an audio-recording device in portions of classes that involve personal discussion and self-disclosure by students, fearing that these devices will inhibit the free exchange of information and potentially violate a student's right to privacy. However, because the use of a recording device is necessary as an accommodation, it would be unfair to require the accommodated student to stop recording while other students continue to take notes. Therefore:

- At the discretion of the instructor, audio-recording may be prohibited during classes that involve personal self-disclosure or discussion.
- As an alternative, the accommodated student can be provided a copy of notes created by a designated note-taker. Notes will refer to principles, theories and techniques demonstrated and not personal details.

Audio Recording Agreement (please initial after each statement)

____ I have been authorized by the instructor to produce audio recordings of lectures for my personal study use only, and no other purpose.

____ I will not share the audio recordings with others or profit financially from what I record.

____ I understand that the information contained in the audio recordings is protected under federal copyright legislation, and may not be published or quoted without the instructor's consent or without crediting the instructor.

____ I understand that in some cases recording may be prohibited at the discretion of the instructor when the content involves personal discussion or self-disclosure. An alternative accommodation can be requested.

____ I agree to delete my recordings at the conclusion of the semester.

Course: _____ Semester: _____

Student's Printed Name: _____ ID#: _____

Student Signature: _____ Date Signed: _____

Questions regarding this form? Please contact Angelia Martinez, Learning Access Coordinator, Phone: 815-836-5284, Fax: 815-834-6614, Email: amartinez9@lewisu.edu

For more information about academic support services, visit the website at: www.lewisu.edu/case