SOUTHERN ILLINOIS UNIVERSITY
EDWARDSVILLE

ACCESS Recorded Lecture Agreement

In accordance with Section 504 of the Rehabilitation Act at 34 C.F.R. Sec. 104.44 (b), I have a documented diagnosis necessitating the accommodation of recorded class lectures for my personal use only. I understand that lectures recorded or produced for this reason may not be used or released for any other purpose and cannot be shared with others without the written consent of the instructor. I also understand recorded lectures may not be used to evaluate any faculty members or other instructors.

By agreeing to abide by the Recorded Lecture Policy, I am aware that information contained in the recorded lecture may be protected under federal and international copyright legislation and may not be published, uploaded, released, shared, or quoted without the lecturer's explicit written consent and without properly identifying and crediting the lecturer. Furthermore, I understand and affirm the following to be true:

- I understand that the misuse of recordings or equipment is a violation of SIUE's University Policy Concerning Intellectual Property (1L15) and can result in dismissal from the SIUE and legal ramifications.
- I understand that, at the discretion of the instructor, recording may be prohibited during portions of classes that involve personal discussion and self-disclosure.
- I understand that I am accountable to the standards listed in the SIUE Student Code of Conduct and any violation of this agreement may subject me to discipline at an institutional level or may subject me to liability under copyright laws and or civil litigation.
- I agree to dispose of the recorded material upon completion of the class and after a grade has been assigned

I have read and understand the above agreement. I ***also*** understand that this document is invalid unless the faculty has received an accompanying accommodation letter approving the accommodation.

Student Name (please print): _____

Student Signature: _____ Date: _____

For Office Use Only

Received By: _____ **Date:**_____

☐ Copies physically provided In person

☐ Copies provided electronically via e-mail to both parties

Accessible Campus Community & Equitable Student Support (ACCESS)
t 618.650.3726 **w** siue.edu/access
a Student Success Center, Room 1203, Campus Box 1611, Edwardsville, IL 62026-1611