



Disability Support Services

Audio/Visual Recording Agreement

RECORDING EQUIPMENT

- Digital Recorder (Audio) Livescribe Pen (Audio) Video Camera (Audio and Video)

STUDENT INFORMATION

Name _____ SID _____
 Phone _____ Email _____

COURSE INFORMATION (ADDITIONAL COURSES LISTED ON THE BACK OF THIS FORM)

QUARTER: _____

COURSE 1: Course Name _____ Days/Time _____
 Instructor Name _____

COURSE 2: Course Name _____ Days/Time _____
 Instructor Name _____

COURSE 3: Course Name _____ Days/Time _____
 Instructor Name _____

USAGE LIMITATIONS AND AGREEMENT

I acknowledge and agree to following terms regarding the audio/video recordings described in this document:

- Recording audio/visual information provided in class is an accommodation for my disability.
- Recording will be limited solely to lecture components of the class (the instructor, whiteboard, and or projector screen) and *NOT* general students or live models.
- This form will be made available to faculty members upon their request.
- These recordings will be used exclusively for the purpose of my private educational use.
- These recordings may not be duplicated, distributed to other individuals, or posted on websites.
- These recordings will be destroyed at the end of the quarter.
- These recordings will be returned to the DSS office by this date: _____

Student's Signature

Date

DSS Representative's Signature

Date

ADDITIONAL COURSE INFORMATION

COURSE 4: Course Name _____ Days/Time _____

Instructor Name _____

COURSE 5: Course Name _____ Days/Time _____

Instructor Name _____

COURSE 6: Course Name _____ Days/Time _____

Instructor Name _____

COURSE 7: Course Name _____ Days/Time _____

Instructor Name _____

COURSE 8: Course Name _____ Days/Time _____

Instructor Name _____

COURSE 9: Course Name _____ Days/Time _____

Instructor Name _____



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