



Permission to Audio Record Lectures

I, _____ (instructor's name)

authorize _____ (student's name)

to audio record my lectures in the following course:

_____ (Course name & number)

_____ (Term & year)

Audio recording is permitted only for the purposes of private study by the individual student. No reproduction or dissemination of the recording is permissible. This consent will be effective for the current term only.

Please refer to Regulation E.6 of the University Calendar "Recording of Lectures" for more information.

Instructor's Signature: _____ Date: _____

Student's Signature: _____ Date: _____