

Audio Recording Agreement

The Accessibility Office

Section I: Student Information (Please type information or print legibly)

Student Name: _____
Last First Middle

Student ID: _____ Bucks Email: _____

Cell Phone: _____ Home Phone: _____

Section II: Course & Semester Information

Academic Year: _____

Fall Winter Spring
 Summer I Summer II Summer III

Courses for indicated semester: **Please include course and section numbers** (Example: MATH 095-N10)

#	Course Number (Ex: MATH 095-N10)	Course Title	Professor
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Section III: Section 504 of the Rehabilitation Act of 1973

In accordance with Subpart E of Section 504 of the Rehabilitation Act of 1973, institutions of higher education may not deny a student with a known disability equal access to the institution’s programs, courses and activities when reasonable accommodations exist. A student with a qualifying disability which adversely affects his or her ability to take or read notes may be permitted to audio-record class lectures as a form of reasonable academic accommodation. Use of this accommodation is subject to the following conditions:

1. Recordings of class lectures are only for the student’s personal use in study and preparation related to the class.
2. The student may not share these recordings with any other person, database, or resource.
3. The student may not publish or quote the lecture without the written consent of the lecturer.
4. The student agrees to return all recorded lectures to the lecturer or to the Learning Support and Disability Services Department (if the Department provided the equipment for the student’s use), or to destroy all recordings that were made when they are no longer needed for the class for which they were recorded.

I, _____, hereby certify that I have read and agree to abide by the Audio-recording Policy. I agree to destroy or return to the lecturer or the Learning Support and Disability Services Department all recorded lectures by the end of the semester or when the lectures are no longer needed to complete their respective courses. I understand failure to abide by the set policy constitutes copyright infringement and academic misconduct and may result in the suspension or revocation of this accommodation. I understand that this agreement will remain in effect as long as I am a student at Bucks County Community College or until the Learning Support and Disability Services Department has accounted for all recorded lectures.

This form must be filled out every semester you require accommodations.

Student Signature **Date**

Bucks County Community College does not discriminate in its educational programs, activities or employment practices based on race, color, national origin, sex, sexual orientation, disability, age, religion, ancestry, veteran status, union membership, or any other legally protected category.