



LOURDES
UNIVERSITY

Lecture and Seminar Recording Form

_____, is permitted to record lectures for:
(Print Name)

Course Title: _____

Course Number: _____

Instructor: _____

Semester: Fall Spring Summer 20____
(Circle One)

The student is permitted to share the recorded lectures with classmates: Yes No
(Circle One)

I understand that faculty members have copyright interests in their class lectures. I will not use the recordings for any purpose other than my own personal academic use related to the course. I understand that the permission to record class lectures may be withdrawn at a later time. I will not share, copy, release, or disseminate the recordings or any part of them. I understand that violations of the Lourdes College Recordings of Faculty by Students policy may result in sanctions.

Student Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

Copies: Student
 Instructor
Original to: Vice President for Academic Affairs Office