

**COLLEGE OF ARCHITECTURE, URBAN  
AND PUBLIC AFFAIRS**

**Permission to Record Class Content**

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Instructor's Name

\_\_\_\_\_  
Course Prefix, Number, and Section

\_\_\_\_\_  
Semester and Year

Type of recording requested (**Circle only one**):      **Video** (includes audio)      **Audio**

Is student registered with FAU Office of Student Disabilities? (**Circle only one.**)      **Yes**      **No**  
If not, reason for request to record:

Request denied \_\_\_\_\_

\_\_\_\_\_  
Instructor's Signature

Request approved \_\_\_\_\_

\_\_\_\_\_  
Instructor' Signature

\_\_\_\_\_ has been granted permission by this instructor to record classes  
Student's Name                      in the course listed above and by signature below, agrees to the  
following conditions.

(1) I may engage **ONLY** in the type of recording for which I have received approval from the instructor on this form.

(2) If the instructor asks me to cease recording at any time, I will comply immediately until given verbal approval to resume.

(3) I may record for **MY PERSONAL USE ONLY**. I may allow other students to view or listen to the contents, but I may not allow the recording to leave my possession at any time in any format.

(4) I may **NOT SELL** or distribute the recording for any purpose.

(5) I accept that these conditions are legally binding upon me.

\_\_\_\_\_  
Student's signature and date

\_\_\_\_\_  
Instructor's signature and date