



## Student Agreement Regarding the Recording of Class Lectures

Instructor: \_\_\_\_\_

UALR Department: \_\_\_\_\_

Course Title, Number and Section: \_\_\_\_\_

By signing, I agree that I will not release or share any recording or transcription of class lectures or otherwise hinder the instructor's ability to obtain a copyright on lectures I recorded in this class. Further, I agree to use these recordings solely for the purpose of learning the material presented in this course. Failure to comply with the terms of this agreement could result in disciplinary action from the Dean of Students office.

Student signature: \_\_\_\_\_

Student name (print): \_\_\_\_\_

T number: \_\_\_\_\_

Date of signature: \_\_\_\_\_

**The student and faculty member should each retain a copy of this form.**