

ALVIN COMMUNITY COLLEGE

Student Accessibility Services

Recording Policy

The use of recording device is one of the accommodations specifically identified, under Section 504 of the Rehabilitation Act, as a means to have equal access in the participation of an educational program or activity. Students with disabilities may have the right to record lectures that pertain to information needed to be successful. Faculty and outside lecturers have rights to their intellectual property and class members have right to their privacy.

The following agreement acknowledges the rights of the student with the disability, instructors, lecturers, presenters, and other students in the class.

Recording Agreement

- ❖ I understand that as a student enrolled at Alvin Community College, who has a documented disability that affects my ability to take notes in class, I may record the class lectures.
- ❖ I understand the recording is for personal academic use only and cannot be used for any other purposes.
- ❖ I understand that I may not upload, broadcast, transcribe, share or release the recording to any other party.
- ❖ I understand that at the discretion of the instructor, recording may be prohibited during portions of the class that involve personal discussion or self-disclosure by the instructor or other students who participate in the discussion.
- ❖ I understand that violation of this agreement in any class may subject me to liability under copyright laws and is a violation reviewable under the ACC Student Code of Conduct. If this happens, I will be asked to surrender all recorded material and lose approval of recording as an academic accommodation.
- ❖ I understand that if while using my phone or tablet to record a class I am found to be using the device for any other purpose (texting, on the internet, etc.) then I will lose the ability to use like devices and will only be allowed to use a digital recorder to record lectures in class.

I have read and understand this Recording Policy and Agreement;

Student Name: _____ Student ID: _____

Student Signature: _____ Date: _____