

## DRC RECORDED LECTURE AGREEMENT & NOTIFICATION FORM

| Student Name: | ID #: |
|---------------|-------|
|               | ID #. |

Course Name: Term/Year:

The above named student has been approved to record lectures as an academic accommodation by a DRC counselor. A student with a verified disability who is unable to take or make use of notes has the right to record audio or video lectures, including those via web conferencing technology such as Zoom, for their personal use only.

## Education Code #78907

The use by any person, including a student, of any electronic listening or recording device in any classroom without the prior consent of the instructor is prohibited, except as necessary to provide reasonable auxiliary aides and academic adjustments to disabled students. Any person, other than a student, who willfully violates this section, shall be guilty of a misdemeanor.

Any student violating this section shall be subject to appropriate disciplinary action.

This section shall not be construed as affecting the powers, rights, and liabilities arising from the use of electronic listening or recording devices as provided for by any other provision of law.

## WHEN RECORDING LECTURES THE STUDENT AGREES TO ADHERE TO THE FOLLOWING:

- Information contained in the recording is protected under federal copyright laws and may not • be published or quoted without the express written consent of the lecturer. Should consent be obtained, the identity of the lecturer and proper credit must also be noted.
- Recorded lectures are for the use of the DRC student only and may not be shared without the • consent of the lecturer.
- Recorded lectures will not be used against the faculty member, guest lecturers, or other students whose comments are recorded as part of the class activity.
- Sharing recorded lectures without consent is an 'abuse of service' and may result in suspension of services. Students whose services have been suspended must meet with a DRC counselor.
- Recorded lectures must be destroyed and/or erased upon course completion.

By signing below, I acknowledge that I have read, understand and agree to comply with the above stated agreement while enrolled at Palomar College and any of its off-campus sites. Furthermore, I agree to destroy all recordings at the end of each term or submit them to DRC for disposal.

| Student Signature:       | Date: |
|--------------------------|-------|
| DRC Counselor Signature: | Date: |
| <b>_</b>                 |       |