



**Monroe County Community College**

**Audio Recorded Lecture**

**Statement of Understanding**

1. I understand that because of my disability I have the right to audio record class lectures for my personal use only.
2. I understand that the audio recording is the intellectual property of the lecturer and I will not share, publish, up-load or quote the audio recorded material without the consent of the lecturer. This information is protected under federal copyright laws.
3. I agree to turn off the audio recorder when requested to do so by the instructor or when personal matters of other students are being discussed.

**I have read and understand the above Statement of Understanding for audio recorded lectures at Monroe County Community College. I will abide by the policy with regard to any lectures I record while enrolled as a student at Monroe County Community College.**

\_\_\_\_\_

Print Student Name                      Student Signature                      Date

\_\_\_\_\_

Disability Counselor Signature                      Date

Initials/Date: \_\_\_\_/\_\_\_\_    \_\_\_\_/\_\_\_\_    \_\_\_\_/\_\_\_\_    \_\_\_\_/\_\_\_\_

\*84.44 of Section 504 of the Rehabilitation Act of 1973 (P.L.93-112, amended P.L. 93-516-1)

Original – Student file                      Yellow - Student

**Main Campus** ■ 1555 South Raisinville Road ■ Monroe, MI 48161-9746 ■ 1-734-242-7300  
**Whitman Center** ■ 7777 Lewis Avenue ■ Temperance, MI 48182 ■ 1-734-847-0559



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