# 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: / /

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\*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