University *of* Idaho

Consent to Release Student Information Relating to Classroom Recordings

Student Information	
Name:	
Email:	ID:

Consent to Release Information				
Semester:	CRN:	Subject:	Course:	Section:

In connection with my participation in the above mentioned class, I understand that class sessions and projects may be recorded. I have no objection to the University of Idaho using my likeness for educational purposes, and I hereby permit the University of Idaho to release the educational records that consist of recordings of my likeness as I participate in the class (such as when I am making presentations or asking questions in the class) and/or depictions in the recordings of presentation slides or other materials I have created for the class. I understand that the University of Idaho may use, produce, modify, distribute, and disseminate these recordings for educational or related purpose to other students outside of my current course. I understand that while this/these lecture(s) are not intended for public viewing, there are circumstances in which people outside of this course and semester may be able to watch them (e.g. someone watching over the shoulder of a student viewing a recording, a student improperly sharing links and downloads, etc.). I have been notified that the lectures are being recorded. I understand my rights to privacy and that there is no time limit on the validity of this consent and release. I also understand my agreement is voluntary and is not a condition or requirement of my participation in the class or my attendance at the University of Idaho.

__ Yes, I agree to the above terms.

__ No, I do not agree to the above terms.

Student Signature: Date:

Submission
After completing and signing this form, you should submit it to the instructor of the course. The instructor will keep a copy of the form and forward a copy to the Office of the Registrar to be included in your student record.