Permission to Audio Record Lectures for Religious Reasons

(Note this form is not for use by students with disabilities, who should contact the Disability Resource Centre)

Please confirm that you agree to paragraphs a-c by signing below:

a) I hereby confirm that I am unable to attend lectures for religious reasons on the following dates (appendix 1) and require that they be audio recorded for me. I take responsibility for making the necessary arrangements.

b) I also agree that the audio recordings of any lectures on my behalf must be used only for my personal private study, and must not be reproduced or passed on or made available to anyone else other than for transcription purposes, including by any electronic means such as email, attachment or posting on any website or social media on any platform.

c) I acknowledge that the content of the lectures and the Lecturer’s delivery of the lectures remain the intellectual property of the Lecturer delivering them, and that the Lecturer retains the copyright in the lectures and the recording of them in any form.

The permission to record agreements are to be held by the Faculty of _________________ and can be communicated to Departments. If the agreement has not been signed by both parties below, no audio recording will be permitted.

Although this policy relates to voice recording equipment specifically, other visual recording equipment, cameras etc., used in lectures and supervisions shall be subject to the same restrictions of usage.

Consent
I confirm my agreement to follow the procedures as stated above and consent to my name being passed on to the lecturer for the purposes of informing them that the lecture will be recorded for me.

Name: __________________________________________________________________

Signed: ___________________________ Date: __________________

_______________________________________________________________________________________

Application supported by:

Director of Studies or Tutor: ________________________________________________________________

College: _________________________________________________________________

Signed: ___________________________ Date: __________________
Appendix 1
Please include here the dates for the academic year that you will be unable to attend lectures for religious reasons and require audio recording.