

Lecture Recording Permission Letter

Name:		
First	M.I.	Last
\$ #: S	_ Phone #:	
Email:		@student.cccs.edu
Your official CCD email account correspondence.	is the only email CCI	D will accept for
	is permitte	d to record lectures for:
(Student Name)		
Course Title: Course Number: Instructor: Semester:		
I understand that lectures and course	e materials, including	PowerPoint presentations,

I understand that lectures and course materials, including PowerPoint presentations, test, outlines, and other instructional materials, are protected by <u>BP 3-90</u> and applicable copyright law.

I will not use the recordings for any purpose other than my individual learning, in a private or collaborate format, and will not share them with, nor distribute them to, anyone outside of this course including any social media tool.

I understand that violation of the above policy may result in both legal sanctions for violations of BP 3-90 or copyright law, and may subject me to College disciplinary action under the Student Code of Content.

Student: _____

Signature

Faculty: ____

Print Name

Signature

Date

Date