

## PERSONAL INFORMATION

Full Name \_\_\_\_\_ Student ID \_\_\_\_\_

## AGREEMENT

Students with disabilities who have difficulty taking or reading their own lecture notes have the right to record class lectures for their personal study only. Lectures for this purpose may not be shared with other people without consent of the lecturer. Information contained in the recorded lecture is protected under federal copyright laws and shall not be published or quoted without the express written consent of the lecturer and without giving proper identity and credit to the lecturer. If any course involves other students' personal sharing that would be inappropriate to record, it is understood that recording shall be paused. Recordings are only to be used for review during the term of the recorded class and shall be destroyed at the end of each term once the course is complete.

Pledge: I have read and understand the above policy on recorded lectures at Western Seminary, and I pledge to abide by the above policy with regard to any lectures I record while enrolled as a student at Western Seminary.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return this form to:**  
**Western Seminary**  
**ATTN: Accommodations**  
5511 SE Hawthorne Blvd  
Portland, OR 97215-3367  
accommodations@westernseminary.edu