

POLICY ON RECORDING CLASS LECTURES

This Policy sets forth the internal guidelines and requirements for the recording (audio, video and streaming) by University faculty or staff of class lectures (including guest presentations).

Except for approved accommodations under the Americans with Disabilities Act or as the University may

This Policy is intended to ensure compliance with Family Education Rights and Privacy Act (FERPA).

- ◁ Lectures may only be recorded with the permission of the faculty member/presenter and all the students present at the lecture.

Faculty/Presenter consent should be obtained in writing (attached).

Student consent will be implied if: (i) **both** the course description and syllabus includes the following notice: the University may record lectures. If a recording is made available to students, they may only use it for their personal academic use and may not share, display, distribute, publish or copy the recording. , **and** (ii) the faculty member (or other University administrator or staff) also provides this notice (orally or in writing) to the students on or about the first day of class (but in any event prior to the first recording taking place.) If all of these notices are not given, a signed consent form (attached) must be obtained from each lecture.

- ◁ Installation of any video camera may be done only after consultation with the IT Academic System. The focus should be focused on the faculty member/presenter.
- ◁ Recordings should be deleted after one (1) year.

STUDENT CONSENT TO CLASSROOM RECORDING

To: Yeshiva University
500 West 185th Street
New York, NY 10033

From: _____

	Middle Initial	Last Name		

Address	City	State		Zip Code

Student ID #		Email		

Re: Course Name: _____ Course #: _____

Semester: _____ Professor: _____

I hereby grant permission to the University to take photographs, audio and/or videotapes or recordings, Recording in connection with my participation in the above-referenced course (such as when I may make a presentation or ask questions), and to use and publish the Recording (in whole or in part) for such purposes and in any medium as the University may deem proper, including, but not limited to, training, publicity, promotional and educational purposes. In granting such permission, I waive any right to inspect or approve the Recording, and hereby relinquish all of my rights, title and interests in the Recording and grant the University the perpetual right to use, publish and reproduce the Recording without compensation, royalty or other charge.

I understand that the Recording may contain my education records, and I hereby grant permission to the University to release them as provided above.

I acknowledge that I am 18 years of age or older, and I have read this document before signing below and fully understand the contents, meaning and impact of this document.

I understand and acknowledge that I am giving up legal rights I might otherwise have, and that I have signed this document knowingly and voluntarily and it is not a condition or requirement of my coursework at the University.

Signature of Student : _____ Date: _____