

University Registrar Use Only

Date Received: _____ Received by: _____

Date Processed: _____ Processed by: _____

Consent to Release Student Information Relating to Classroom Recordings

(Please complete all required fields)

LAST: _____ FIRST: _____ MI: _____

STUDENT UID: _____ EMAIL: _____@floridapoly.edu

In connection with my participation in the following class only:

Semester: _____ **Subject Code:** _____ **Course Number:** _____ **Section:** _____

Course Title: _____

I understand that class meetings and projects may be audio and/or video recorded. I understand that the audio and/or video recordings may contain personally identifiable information regarding myself and other course members. I agree to not disclose another course member's personally identifiable information to a third party, including sharing the audio and/or video recordings with third parties. Additionally, I hereby grant Florida Polytechnic University a non-exclusive right to:

- Use my image, including my name, voice, likeness or any combination thereof for educational or promotional purposes, and
- Release the education records that consists of the class recordings that may include, but are not limited to, when I am asking questions in the class, participating in discussions, making presentations, and/or sharing depictions in the recordings of my computer screen, and/or presentation slides or other materials I have created for the class.

I understand that this information may be released and viewed by third parties. I am allowing this release of my education records for educational purposes. Such recordings and materials may be distributed by any tangible or digital media (e.g. print, DVD, memory card, external storage device), or over the internet.

There is no time limit on the validity of this consent and release. I understand my agreement is voluntary and is not a condition or requirement of my participation in the class or my attendance at Florida Polytechnic University.

___ **Yes, I agree and allow consent**

___ **No, I do not agree or allow consent**

Student Signature

Date