

CHECK SHEET

Course Designation _____
Term Offered _____
Instructor Name _____
Department _____
Address _____
Phone: _____
Email _____

As the responsible instructor, I grant permission for electronically recording of my lectures in the above course on the following basis:

- All lectures
- Audio only Video Only Both audio and video
- Lecture by lecture permission only
- Permission limited to designated lectures or portion of lectures.

Archiving of recordings: _____

- Unlimited time duration of archiving
- Time limited archiving only. One Semester One Year
- Other _____
- Restricted-access archiving only.

Note: Any additional restrictions must be defined in writing to the University Archivist.

Signature: _____ Date: _____