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: ___________________________