

**Office of Accessibility Services**  
**Agreement to Audio Record Lectures as an**  
**Approved Accommodation\***

I am a student registered with the Florida State University's Office of Accessibility Services (OAS). One of my approved accommodations is the ability to record lectures (**audio** recording).

I agree that:

1. The contents of this course are the property of the professor.
2. The recordings are solely for my access in this course, the contents will be used for this course only and for current semester only.
3. I will not share the recordings in part or in whole with any other person.
4. I will only use the recordings for this course and therefore will delete all recorded lectures at the end of the semester (immediately after taking the final exam) or immediately after I drop the course.

The expectations of this accommodation have been discussed and understood.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
OAS Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date