## 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 d consultation with the IT Academic System should be focused on the faculty member/
- Recordings should be deleted after one (1

## FACULTY/PRESENTER CONSENT TO CLASSROOM RECORDING

	New York, NY 10033			
From:				
First Name	Middle Initial	Last Name		
	Address	City	State	Zip Code
	Email			
			se and publish the	e Recording (in whole or
limited waive a interest	to, training, publicity, pa any right to inspect or ap ts in the Recording and g	n any medium as the University romotional and educational purp prove the Recording, and hereby rant the University the perpetuation, royalty or other charge.	ooses. In granting y relinquish all of	such permission, I my rights, title and
	•	rs of age or older, and I have rea neaning and impact of this docur		pefore signing below and
Signatı	ıre:	Dat	te:	

To:

Yeshiva University 500 West 185th Street

## STUDENT CONSENT TO CLASSROOM RECORDING

From:	•	Middle	e Initial	Last Name	
	Address	City	State	Zip Code	
	Student ID #		Email		
Re:	Course Name:		Course #:		
	Semester:	Professor:			
Reconstinction and the control of th	rding (in whole or in pa ling, but not limited to, ssion, I waive any right and interests in the Reco duce the Recording with	rt) for such purposes are training, publicity, prost to inspect or approve ording and grant the Unhout compensation, roying may contain my education.	nd in any medium as to motional and education the Recording, and he iversity the perpetual ralty or other charge.	ons), and to use and publish the he University may deem proper, onal purposes. In granting such reby relinquish all of my rights, right to use, publish and hereby grant permission to the	
	nowledge that I am 18 y	rears of age or older, an	d I have read this doc	nument hefore signing helow and	
	understand the contents	, meaning and impact of		ament before signing below and	
fully I undo signe		ge that I am giving up longly and voluntarily and	of this document.  egal rights I might oth	nerwise have, and that I have	

To:

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