

Consent to Release Student Information Relating to Classroom Recordings

Name	BYU netid	e-mail
Course number & Section	Semester & Year	Instructor name

Consent Form

I understand that class sessions and projects may be audio and/or video recorded. I have no objection to Brigham Young University using my voice or likeness for educational purposes, and I hereby permit Brigham Young University to release the education records that consists of recordings of my voice or likeness as I participate in the class (such as when I am making a presentation or asking questions in the class) and/or depictions in the recordings of presentation slides or other materials I have created for the class. This information may be released to and viewed by the other students enrolled in the same or different sections in which I am enrolled during the (semester/year) _____. I am allowing this release of my educational records for educational purposes and to allow Brigham Young University to further the education of other students.

YES, I agree to the above terms.

NO, I do not agree to the above terms.

Student Signature

Date

Submission

After completing and signing this form, you should submit it to the instructor of the course. The instructor will keep a copy of the form.