



Permission to record – Online course recordings

Student Name \_\_\_\_\_ ID# \_\_\_\_\_  
Last First

The Family Educational Rights and Privacy Act (FERPA) regulates the disclosure of educational information. FERPA states “when a student becomes an eligible student (18 years of age or is attending an institution of postsecondary education), the rights accorded to, and consent required of, parents under this part transfer from the parents to the student.”

I understand that my instructor will record our synchronous online sessions for myself and other students in course to view at a later time. I understand the instructor will notify the students when a session is being recorded. I understand the recording of the video will not be used for other purposes outside of this course.

BY SIGNING THIS FORM, I waive my FERPA rights for the instructor to use my voice, name, questions I ask during the recording, my video, etc., that is recorded during the course session, for use within the classroom.

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

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**To rescind the Release of Information, contact your instructor.**

NOTES: