



THE CITY UNIVERSITY
OF NEW YORK

College of Staten Island

Student Recording Agreement

Name: _____ EMPLID: _____

Based on your supporting documentation, you are eligible to utilize a recording device as a form of a reasonable accommodation in class. In an effort to ensure confidentiality of all related course material, we have created a few guidelines listed below. Your signature indicates your agreement. For devices provided by CSA, return equipment in good condition at the end of the semester by:

your email address:

Date of signed technology agreement:

Approved device for recording accommodation:

Terms and Guidelines

- I understand that I **am not allowed** to distribute *any* audio to other students or post it on any website.
- Recordings are strictly for **academic use only**.
- Recordings are **not to be used** during tests or in testing areas.

Print your name: _____ Date: _____

Sign your name: _____ Date: _____

Phone Number: _____ EMPLID/SSN (Last Four): _____

Staff Signature: _____ Date: _____