Law Learning Center

Classroom Recording Policy

Student ______________________________________ Date ___________________________

In accordance with the Americans with Disabilities Act as amended and Section 504 of the Rehabilitation Act, you have been granted the accommodation request of taping/recording the class lectures in the following classes:

_____________________________ with Professor ____________________________
_____________________________ with Professor ____________________________
_____________________________ with Professor ____________________________
_____________________________ with Professor ____________________________
_____________________________ with Professor ____________________________

Faculty: Please acknowledge by initialing next to your name.

Your signature below confirms that you have agreed not to share, distribute, or make copies of the course material you record and that you have additionally agreed to return all tapes or other electronic forms of the course material recorded back to the professor before the final exam. If using digital recording devices, you agree to erase such classroom lectures that have been recorded.

__________________________________________________________________________
Student signature Date

__________________________________________________________________________
ADA Coordinator Date

Law Learning Center
UMass Law - Room 204
Form ADA104