GRADUATE ACADEMIC RESOURCES AND LEGAL WRITING 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 ___________________________

_________________________________ 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.

_________________________________ Date ___________________________

Student signature

_________________________________ Date ___________________________

ADA Coordinator

Graduate Academic Resources and Legal Writing Center
U Mass Law - Library Room 104
Form ADA104