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.