

Appendix 1



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: