

Lecture Capture Consent Form Template

I (the undersigned) understand that I am attending class sessions or events that may be audio or video recorded. I was informed or made aware of this by the instructor or by a university official before the start of the event. I hereby permit William & Mary to release videos that consist of my voice or likeness as I participate in these classes or events. I understand that I will receive no money or remuneration of any kind from the university related to this consent and release, or the materials covered by this consent or release. I acknowledge that I do not have the right to approve any materials developed by the university as authorized.

I understand that my consent here is independent of and separate from any other directive or consent I may have given to the university with regard to the release of my voice or likeness (such as for the release of Directory Information).

I understand my consent and release are voluntary and not a condition or requirement of my participation in this class or event.

____ I agree to the above terms.

____ I do not agree to the above terms.

Course Number and Semester (or Event) _____

Course Instructor _____

Student name (please print) _____

Student signature _____ Date _____

Complete this form and submit it to your instructor or to the university official hosting the event. The original form will be retained by the appropriate administrative office.