



Student Access Office
Post Hall, 107
P.O. Box 701
1 South Avenue
Garden City, NY 11530

Audio Recording Agreement

Student Waiver:

I, _____, do hereby agree to waive any rights to ownership of audio recordings for the semester

I, _____, do hereby agree to erase any audio recordings or turn over any audio recordings to the instructor upon completion of the course.

Signature of Student: _____

Date: _____

Pledge Note:

I, _____, do hereby pledge that all audio recordings will be used solely for the purpose of access to course content to assist with exams, homework, papers, and class assignments, and will not be used for any other means or shared with others.

Signature of Student: _____

Date: _____