

PRINT ON CAMPUS LETTERHEAD OR USE CAMPUS LOGO

**FACULTY RELEASE FORM**  
**For Temporary Recordings of IVN Events**

I agree and consent that a particular class period or event may be electronically recorded for the expressed limited purposes of allowing participants at a remote location(s) to review the content and material from a missed period due to such things as technical problems, weather cancellations, or professional obligations of a remote student.

The materials I use in my class are: 1) my own materials; 2) materials I have received written permission from the copyright owner for use as part of my class; or 3) allowed to be used/reproduced under the Copyright Act. I understand that the electronic recordings may not be used in any other matter beyond these stated purposes and that the recordings will be erased upon the completion of the review by the affected student(s).

I have informed the students/participants that a class period or event may be recorded for these purposes and I authorize (NAME OF CAMPUS) to create an audio/videotape or stream in the event one of the above situations occurs.

As the course instructor/event facilitator, I am responsible for authorizing all electronic recordings of any class period/event.

Date of Class: \_\_\_\_\_  
*(If for entire semester, state semester and year)*

**Course title and number (if applicable):** \_\_\_\_\_

Department: \_\_\_\_\_

Name of Faculty \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_

**PLEASE NOTE**

This signed form should be placed on file in the office of the campus IVN site coordinator and/or departmental office until the end of the semester identified above. The form may be discarded at the conclusion of the semester.