

# Benedictine University Student Release for Teaching Assessment Class Recordings

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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 Benedictine University (“BU”) official before the start of the event.

I hereby permit BU to release educational records that consist of my voice or likeness as I participate in these classes or events. I am consenting to allow these materials to be used for educational purposes, including for institutional review of instruction and for the education of other students. I understand this means that BU faculty and non-BU faculty and staff will be permitted access to the recordings, but at no point will the recordings be available for public access outside the educational context. I understand the recordings made pursuant to this authorization will be destroyed at the end of each semester.

I understand that I will receive no money or remuneration of any kind from BU 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 BU as authorized.

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

I understand that my name and other personally identifiable information not contained in the recordings will not appear on any of the submitted materials related to these recordings.

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

In the event I do not consent to being recorded in class sessions, I understand I may be instructed to sit in an area of the classroom that is not within the scope of the video recording and/or my voice and image will be distorted, as not to reveal my identity.

I understand that in the event I choose to revoke or provide my consent to recordings at a later date, subsequent revocation or consent will make any previous consent forms null and void.

I, \_\_\_\_\_, **DO GIVE MY PERMISSION** to you to include my image/voice recordings as part of class settings, to be used as formative assessment of teaching purposes only.

I, \_\_\_\_\_, **DO NOT GIVE MY PERMISSION** to you to include my image/voice recordings as part of class settings, to be used as formative assessment of teaching purposes only.

**Signature of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Date of Birth:** \_\_\_/\_\_\_/\_\_\_