

FERPA Student Consent Form: Classroom Recording

Student Information

Name (print): _____

Student ID: _____

CWU Email: _____

In connection with my participation in the following class/lab:

Course Name: _____

Course Number: _____

Year/Semester: _____

I understand that during this academic year, class, lab and instructional sessions and projects may be video and/or audio recorded to facilitate online, virtual, and remote learning and instruction. By checking the "Yes / Agree" box below, I do not object to Central Washington University recording my image and/or voice for such educational purposes, and I hereby consent and grant CWU permission to use and disclose that portion of my educational record that consists of recordings of my image and/or voice as I participate in the class and/or depictions in the recordings of presentation slides or other materials I have created for the class. I understand these recordings may be viewed by other students, instructors, and third parties. I understand that CWU will control and hold the copyright in any such recordings.

I understand my educational record is protected by the Family Educational Rights and Privacy Act (FERPA), and that recordings of my image/voice while I participate in class may be protected by FERPA. I also understand my agreement is voluntary and is not a condition or requirement of my participation in the class or my attendance at CWU. Further, I understand that I may withdraw this consent by submitting such a withdrawal in writing.

YES, I agree to the above terms, and agree to my image/voice appearing in such classroom recordings.

NO, I do not agree to the above terms, and do not agree to my image/voice appearing in such classroom recordings.

Student Signature: _____ Date: _____

SUBMISSION

After completing and signing this form, please submit it to the instructor of the course. The instructor will keep a copy of the form and will coordinate with the Office of the Registrar to ensure retention of this form.