



**UNIVERSITY of ST. THOMAS**  
MINNESOTA

**Graduate Programs in Software  
Class Session Recording Permission Form**

As a special case I, \_\_\_\_\_, (instructor name) will allow you,  
\_\_\_\_\_, (student name) to record my class on the following  
date(s): \_\_\_\_\_.

By signing this agreement, you, the student, agree that the media of this recording will be listened to or viewed by you solely. Dissemination, broadcasting, and making multiple copies of this media are strictly prohibited. This includes, but is not limited to posting text, images, and/or audio on internet and/or cell and camera phones. Failure to follow this agreement will result in disciplinary action.

Instructor signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_