FERPA Consent to Release Student Information in Classroom Recordings

Student Name: _________________________________
49er ID: ____________________________
Date: ____________________________

EDUCATION RECORDS TO BE RELEASED

In connection with my participation in the following class:

Course Name: _________________________________
Course Number/Section: ______________________
Instructor: _________________________________
Semester: _________________________________

I understand that class sessions and presentations may be audio and/or video recorded by the instructor. I hereby consent to the University of North Carolina at Charlotte using my voice or likeness for educational purposes, and I hereby permit UNC Charlotte to release the education records that consist of recordings of my voice or likeness or other personally identifiable information as I participate in the class (such as when I am making presentations or asking questions in the class) and/or depictions in the recordings of presentation slides or other materials I have created for the class.

This information may be released for the limited purpose of sharing with other students enrolled in the same course (regardless of whether such students are enrolled in the same class section, sub-section, or break-out group), for instructional and educational purposes only.

I understand my agreement is voluntary and is not a condition or requirement of my participation in the class or my attendance at UNC Charlotte.

I understand that (1) I have the right not to consent to the release of my education records, (2) I have the right to inspect any records released pursuant to this consent, and (3) I have the right to revoke this consent at any time by delivering a written revocation to the instructor.

Prior to signing this document, I have had an adequate opportunity to read and understand it, have had an opportunity to ask questions about it, and any questions I have had have been answered to my satisfaction.

By my signature below, I acknowledge and agree to the above terms.

Student Signature: _________________________________ Date: ____________________________

Parent/Guardian Signature (if under 18): _________________________________ Date: ____________________________

After completing and signing this form, you should submit it to the instructor of the course. The instructor will keep a copy of the form and will deliver a copy to the University Registrar to ensure the original form is retained in the appropriate office.