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 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 and viewed by faculty, students, or third parties for 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.