



## FERPA Consent Related to Classroom Recordings

### STUDENT INFORMATION:

Last Name: \_\_\_\_\_ First Name & Middle Initial: \_\_\_\_\_

CSU ID#: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

### CONSENT TO RELEASE INFORMATION:

In connection with my participation in the following class:

Course Number: \_\_\_\_\_

Semester: \_\_\_\_\_

Instructor: \_\_\_\_\_

I understand that class sessions and projects may be audio and/or video recorded. I have no objection to Cleveland State University using my voice and/or likeness for educational purposes, and I hereby give my consent to Cleveland State University to release education records that consist of recordings of my voice and/or likeness as I participate in the above-listed class and/or depictions in the recordings of presentation slides or other materials I have created for class. I understand and agree that this information may be released for educational purposes and viewed by third parties.

I also grant Cleveland State University the irrevocable, royalty-free right to: (i) use audio and/or video recordings or images of me and my materials in the class; and (ii) make such audio and/or video recordings or images available in Cleveland State University's print or electronic publications and/or educational materials. I understand that Cleveland State University will hold the copyright in any such audio and/or video recordings.

I understand there is no time limit on the validity of this consent. I understand my agreement is voluntary and is not a condition or requirement of my participation in the class.

STUDENT SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_

After completing this form, please submit it to the instructor of the course.