**Request for Recording a Class**

Requested by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Term:

Name of Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Faculty Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Permission to record:

I hereby grant permission to record for educational purposes, my lecture(s) as noted above. The material granted is for the education of students and not for advising patients or for self treatment. This permission is revocable and extends to the aforementioned course.

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Faculty Member Signature Date

NOTE: Student is responsible for holding onto this document.