

Request for permission to record AUDIO during classes

This form is to be completed in duplicate, one copy to be kept by the student and the other by the staff involved in the recording.

Name of student:

Student ID:

Name of unit where the recording is to take place:

Venue(s):

Date(s):

Time:

Unit Lecturer(s):

Purpose of recording:

Declaration by student:

I, _____ hereby confirm that the above particulars are correct and that I will not use the recording in public or for any other reason other than the purpose stated above.

Signature of student

Date

Permission of staff member(s):

I hereby give permission for the above student to record during my class as stated above.

Name of Lecturer(s): _____

Signature(s): _____

Date: _____
