

## FERPA Consent to Release Student Information Relating to Classroom Recordings

### STUDENT INFORMATION

Student ID:

Name:

Last

First

Middle

Email:

Phone:

### CONSENT TO RELEASE INFORMATION

In connection with my participation in the following class:

Subject:

Course Number:

Semester/Year:

Instructor Name:

I understand that class sessions and projects may be audio and/or video recorded. I have no objection to Butler University using my name, voice or likeness for educational purposes, and I hereby permit Butler 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 third parties (e.g. primarily future Butler University students). I am allowing this release of my education records for educational purposes to further the education of other students.

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

Yes, I agree to the above terms.

No, I do not agree to the above terms.

Student Signature:

Date:

After completing and signing this form, you should submit it to the instructor of the class. The instructor will keep a copy of the form and will submit the original to Registration and Records where it will be retained in your educational record.