



FERPA Student Consent Form: Classroom Recordings

STUDENT INFORMATION

Name: _____

Student ID: _____ **McDaniel Email:** _____@mcdaniel.edu

In connection with my participation in the following class:

Course Prefix/Number: _____

Course Title: _____

Semester/Year: _____

Instructor Email: _____@mcdaniel.edu

I understand that class sessions and presentations may be audio and/or video recorded by the instructor. By checking the "Yes/I Agree" box below, I do not object to McDaniel College recording my image and/or voice for such educational purposes, and I hereby consent and grant the College permission to use and disclose that portion of my educational record consisting of recordings of my image and/or voice as I participate in this class or depictions in the recording of presentation slides or other materials I have created for the class. I understand these recordings may be viewed by other students, instructors, and third parties for educational purposes only.

I understand my educational record is protected by the Family Educational Rights and Privacy Act (FERPA), and that recordings of my image/voice while I participate in class may be protected by FERPA. I also understand my agreement is voluntary and is not a condition or requirement of my participation in the class or my attendance at McDaniel College. Further, I understand that I have the right not to consent or to revoke my consent at any time by submitting a written cancellation of consent to the instructor.

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YES, I agree to the above terms, and agree to my image/voice appearing in such classroom recordings.

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NO, I do not agree to my image/voice appearing in such classroom recordings.

Student Signature: _____ Date: _____