



## FERPA Consent and Permission Related to Classroom Recordings and Project Materials

**STUDENT INFORMATION:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

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

**COURSE INFORMATION:**

In connection with my participation in the following course:

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

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

**CONSENT and PERMISSION:**

The Family Educational Rights and Privacy Act (FERPA) establishes certain rights for students regarding the privacy of their educational records by limiting the release of student records only by written student consent. I understand that course sessions, and project materials created by me for course assignments, may be audio and/or video recorded and shared with students in the course, and I hereby consent to Cleveland State University using my voice and/or likeness for educational purposes, and to release education records that consist of recordings of my voice and/or likeness as I participate in the above-listed course and/or depictions in the recordings of presentation slides or other materials I have created for the course. I understand and agree that this information may be released for educational purposes and viewed by third parties.

I also hereby grant Cleveland State University the irrevocable, royalty-free right to make audio and/or video recordings or images of me, and/or project materials I have created for the course, available in the University's print or electronic publications and/or educational materials. I understand that the University will own the copyright in any such audio and/or video recordings created by the University, and I will own, subject to the permission granted above, copyright in copyrightable project materials that I create for the course.

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

I am 18 years of age or older and I understand and agree to the consent and permission set forth above:

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

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

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