Kenai Peninsula College
UNIVERSITY of ALASKA ANCHORAGE

Recording Consent

I give my consent to appear in video recording(s) of the lectures at Kenai Peninsula College for the following course and dates. I understand that KPC may use, produce, modify, distribute, and disseminate these materials for educational or related purpose to other students outside of my current course. I understand that while this/these lecture(s) are not intended for public viewing, there are circumstances in which people outside of this course and semester may be able to watch them (e.g someone watching over the shoulder of a student viewing a recording, a student improperly sharing links and downloads, etc.). I have been notified that the lectures are being recorded and understand my rights to privacy.

DATE(s): _____ Course: _____

Instructor Signature _____

NAME	**Student SIGNATURE** *(Parent/guardian if under 18)*	**Date**