

Personal Smart Pen/ Recording Device Student Agreement

**Student Name:** \_\_\_\_\_

**Student ID:** W \_\_\_\_\_

**Contact Number:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_@mailbox.winthrop.edu

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*Please read and initial each item below. Initialing and signing below indicates that you understand and agree to the information in this agreement.*

\_\_\_\_\_ I understand that any recordings of class content are for my personal academic use only.

\_\_\_\_\_ Recorded class content may not be shared with anyone.

\_\_\_\_\_ I understand that these recordings may not be reproduced or uploaded to publicly accessible web environments.

\_\_\_\_\_ I will not release these recordings, profit financially from these recordings, or allow others to benefit personally from my recordings.

\_\_\_\_\_ I agree to delete this recorded material in all formats after the completion of each course.

\_\_\_\_\_ I understand that some information shared in class may be of a sensitive nature and that I remain responsible for protecting the confidentiality of others. Public distribution of such materials may constitute copyright infringement in violation of federal or state law, or University policy.

\_\_\_\_\_ Violation of this agreement may subject a student to judicial review as a code of conduct violation.

**Student signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

SAMPLE