

Brenau University Ivester College of Health Sciences
Audio and/or Video Recording Permission Form

1. Student requesting recording privileges and date:

2. Course number, title, semester, campus, program:

3. Instructor approval signature of audio and/or video recording privileges*:

**** Note: Individual instructor approval of recording privileges does not waive their ownership of their intellectual property. Student use of the audio and/or video recording (on social media, email, university meetings, etc.) requires expressed written permission from the instructor/owner of the intellectual property recordings.***