

APPENDIX C

Videotape Release Forms

Faculty, Student, and Student Checkout Samples



FACULTY VIDEOTAPE RELEASE FORM

By presenting this class over IVN, I agree and consent that the class may be videotaped for temporary, archival purposes so that a student who missed a class can review the tape or where technical problems at a site may require the class to be taped and replayed for that site.

Class: _____ Date: _____

Name: _____

Signature: _____



STUDENT VIDEOTAPE RELEASE INFORMATION

By taking this class over IVN, I agree and consent that the class may be videotaped for temporary, archival purposes so that a student who missed a class can review the tape or where technical problems at a site may require the class to be taped and replayed for that site.

Class: _____ Date: _____

Student Name (Print)	Student Signature	Email Address	Phone



STUDENT VIDEOTAPE CHECKOUT FORM

I agree that I shall not make any copy of this tape or show it to anyone other than another student in the class or the instructor.

Class: _____ Date: _____

Name: _____

Signature: _____
