

HyFlex Student Privacy Agreement

Please check the box next to each statement below, sign and date the form at the bottom, and return to your instructor by the end of the first week of class.

- _____ I understand that the course sessions will be recorded and that I may appear in the recordings, whether I choose to attend via Zoom or face-to-face.
- _____ I agree that no part of the video or audio recording or livestream may be rebroadcast, shared, published, copied, or otherwise used in any way outside of the direct learning experience of the individual student, except as necessary to provide reasonable auxiliary aids and academic adjustment to a student with a disability as prescribed by law. As such, I agree not to share the recording.
- _____ I understand and acknowledge that violation of the terms of enrollment is a violation of the Student Code of Conduct, and is grounds for discipline, up to and including expulsion.
- _____ By signing this form, I accept the terms outlined above.

Print Name

ID Number

Signature

Date