

Lecture Posting Authorization  
Agreement and Consent Form

Course name: \_\_\_\_\_

Lecture(s):	Date of Lecture(s)*
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____

\*Date this lecture was given in the course in the year this form was signed

Lecturer: \_\_\_\_\_

I hereby authorize the University of North Carolina School of Medicine (UNC SOM) to post audio-visual recordings of my lecture(s) on the UNC SOM curriculum web site of the above course for distribution to students enrolled in the course for use as a study aid for such course.

This authorization relates to recordings of my entire lecture(s). Such recording(s) will only be used, copied, displayed, reproduced, and distributed within the context of this course. Only students who have signed a non-distribution agreement form, authorized teaching faculty in the undergraduate medical curriculum and authorized personnel in the Dean's office will be allowed access to these recordings.

It is my understanding that my lecture recordings will be destroyed prior to the beginning of the next academic year.

I understand and agree that the entire consideration and compensation due to me for the use, display, reproduction, or distribution of this material within the context of this agreement is that a copy of my recording(s) will be given to me upon request. I also understand that if I

wish to receive a copy of my lecture recording, I must request it before the end of July in the academic year that the lecture was recorded.

The entire, above authorization also applies to my lectures in the above course recorded in subsequent years, provided that I may revoke such authorization upon written notice to the UNC SOM.

I am aware that students enrolled in the class have agreed that posting of my lecture recording(s) by UNC SOM will not occur unless I have signed this form, that they will only use these recordings for the purposes of studying for this course, that they will not distribute these recordings in any format to others unless they are assigned to do so by UNC SOM to other students within the course, and that they will destroy these recordings before leaving the UNC SOM.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

University Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_