

CONSENT TO SHARE RECORDINGS

Date: _____

Student Name: _____ NU ID Number: _____

Course Name: _____ Course Code/Section: _____

Professor: _____ Semester: _____ / _____
(Term) (Year)

I give permission for recordings where I may be personally identified as a student to be shared with others for instructional and educational purposes only.

I understand that:

- 1) I have a right not to consent to the release of recordings where I can be personally identified.
- 2) I have the right to revoke this consent, in writing delivered to my professor, although any subsequent revocation of this consent shall not affect recordings previously shared by Northwest University prior to the receipt of my written revocation of consent.

By my signature below, I acknowledge and agree to the above terms.

Signature of student

Date