



**RELEASE TO PERMIT TAPE RECORDING**

Date: \_\_\_\_\_ Session: \_\_\_\_\_ Year: \_\_\_\_\_

I/we, the undersigned, request permission to record the material presented in (course, lec/lab/tut) PSYC\_\_\_\_\_. I/we agree that this recording shall be solely for the purpose of individual private study by the undersigned, and that these recordings shall not be sold, transferred, re-recorded, or published in any way. I/we agree to destroy the recordings when they are no longer needed for purposes of private study at the University of Calgary. I/we acknowledge the university regulations on this matter (see the University of Calgary Calendar: Course Information: Tape Recording of Lectures) and acknowledge that abuse of the privilege to make tape recordings constitutes Academic Misconduct.

Name (PLEASE PRINT)

Signature

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This information is collected under the authority of the Freedom of Information and Protection of Privacy Act and the Universities Act. This request must be documented to satisfy the requirements of the University's Academic Regulations. The information will form part of the course record. If you have any questions about the collection or use of this information, please contact Admin 275.

I, \_\_\_\_\_ (PLEASE PRINT), instructor for the above-named course, hereby grant my permission to the above-named student(s) to make tape recordings of lecture/laboratory material in the course, for the purpose of private study, under the conditions set forth above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(This release form is an integral part of the policy approved by General Faculties Council, Minute 287.5.3, 1986-06-26)

This document is to be returned to the Psychology office, Admin 275, when complete.