

## CONSENT TO SHARE RECORDINGS

I, \_\_\_\_\_, \_\_\_\_\_, hereby give my consent  
(Print Student's Name) (Student ID#)  
to \_\_\_\_\_ at the University of Washington to share recordings, where I may be  
(Print instructor's name)

identified. I give permission for the recordings to be shared with

- Students in other courses at the UW including UW Continuum College
- Anyone with a UW NetID including alumni, students, faculty, and researchers
- The general public (no restrictions)

I understand that (1) I have a right not to consent to the release of recordings where I can be identified; (2) I have the right to revoke this consent, in writing delivered to my instructor, although any subsequent revocation of this consent shall not affect recordings previously shared by the University of Washington prior to the receipt of my written revocation of consent; and (3) this consent will remain in effect until the purpose identified above is satisfied.

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Date