



Request to Record an Academic Event at Claremont Graduate University

For requestor to complete:

I, _____, wish to record the following
(Full Name)

Academic event at Claremont Graduate University:

- The recording is for my own personal use.
 I plan to disseminate the recording for the following media:

STUDENTS MUST READ CAREFULLY BEFORE SIGNING: I have read and understand the Claremont Graduate University policy on the recording, use and dissemination of academic events (please refer to www.cgu.edu/pages/996.asp) and agree to abide by the policy. All approved requests must be turned into Carol Toscano, Dean of Students Office, Harper Hall East and are only valid for one semester.

Signatures:

Signature of Requestor

Date

Signature of Faculty Member
(if the recording is to be disseminated)

Date

Signature of Student/Attendee
(if the recording is to be disseminated)

Date