



2750 Stickney Pt. Rd, Suite 203
Sarasota, FL 34231 USA
877-519-9119 (US only)
+1 941-921-7443 (International)

Release Form to Permit Audio Recording

I, the undersigned student, in _____ (seminar name), taught by _____ (Instructor), and being held online on _____ (dates), request permission to audio record the material presented during the seminar while also agreeing that I will NOT video record the seminar.

In being permitted to audio record the material:

I agree that this audio recording shall be used solely for the purposes of individual private study by only the undersigned, and that the recording(s) shall not be sold, shared, transferred, re-recorded, or published in any way. I agree to save the recordings to a separate thumb drive or external hard drive and will not store them on my local computer where they are not secure. I agree to destroy the recordings when they are no longer needed for purposes of my private study. I agree that I am responsible for all costs associated with making the audio recording(s). I acknowledge that abuse of the privilege to make audio recordings of the course material constitutes a violation of the IBA's policies, as well as a violation of international guidelines that respect student confidentiality and privacy. I acknowledge that such violations will, at a minimum, result in the loss of such privileges in the future with any IBA Instructor, and may involve legal action.

Printed Name

Student Signature

Date

Students, please print this form, fill it out, sign it, scan or take a photo of it, and send it back to your Instructor.

Instructor:

I, _____ (please print), Instructor for the above-named IBA seminar, hereby do not object to the above-named student making audio recordings of the lecture or practical material in the course, for the purpose of private study, under the conditions set forth above.

Signature

Date

Note: Instructor shall keep this record on file for IBA reference as needed.