



AUDIO RECORDING REQUEST FORM

INDICATE THE TERM AND YEAR:

___ Fall ___ Year
___ Winter ___ Year
___ Spring ___ Year
___ Summer ___ Year

Rev 06/07

Please list the course that you wish to audio record:

| <u>Course Code & Number</u> | <u>Course Title</u> | <u>Credit Hours</u> | <u>Professor</u> |
|---------------------------------|---------------------|---------------------|------------------|
|---------------------------------|---------------------|---------------------|------------------|

I understand that the recordings I make of the above named course are restricted to my studies for this course and that the recordings may not be released, distributed, or duplicated for any purpose.

Student's Signature _____ Date _____

Approving Professor's Signature _____ Date _____

Please return the original *Audio Recording Request Form* to the approving professor while retaining a copy for your records.

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