

Professor/Instructor Signature

DEAN OF STUDENTS OFFICE •	302 Memorial Union, Kingston, RI 02881	• p: 401.874.2098	TT via RI Relay: 71	• f: 401-874-5694
Date:				

Se	mester:	Fall	nfidentiality A Spring	JTerm	Year:
O4	dont Novo			LIDLID#.	
Student Name:				URI ID#:	
rac	culty Name:			Course#:	
We	e agree to follow	the terms of this	agreement (below)	Section #: — and the spirit of this	s agreement in relation to
	student's need	to access lecture	e slides as an aid to	•	ng through class notes:
2.	The class lectu		t be shared with any	•	tity and I, the student, will
		olished or quoted			nd international copyright and without properly
4.	All lecture mat	erials will be dele	eted at the conclusion	on of the semester.	
5. bet		student privacy ctive professor a	•	his agreement will o	nly be discussed in private
Act	ercussions in th	e URI Student C	onduct Code, FERF	ibed in this agreeme PA (Family Educatio Disabilities Act, Secti	nal Rights and Privacy
Stu	dent Signature			Printed Name	

Printed Name