DePauw School of Music
Recording Agreement

Student Name: ___________________________________________ Student I.D. #: ______________
Please Print

Recording / Editing / Post-production Date: ______________________ Time: ___________

Recording Technician Name: _________________________________
Please Print

______hours at $50.00 per hour = $__________

Sessions are provided in quarter hour increments with a half hour minimum.

Please give a brief description of what is being recorded and for what purpose:

By signing this form, I authorize DePauw University to charge my student account as indicated above.

_________________________ ________
Student Signature Date

_________________________ ________
Recording Arts Specialist Signature Date

Updated December 1, 2011