

**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