Due to the sensitive nature of the video content, NYSIM requires all the following information to be filled out prior to granting Video Access. Please fill out the form completely.

Please note the following:

1. Faculty will be given access to view all cases for all learners and access will not expire.
2. Faculty will be responsible to review video and report any issues to [nysimit@nyulangone.org](mailto:nysimit@nyulangone.org).
3. Video access will be granted after:
   1. When this form has been submitted to nysimIT if the session has been recorded already.
   2. The recording date of the session if it has not already occurred.

By signing my name below, I agree and understand to the statements above.

Requestor (Print Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requestor (Sign Name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Click or tap to enter a date.

# Session Information

**Session Name:**

**Session Date:** Click or tap to enter a date.

|  |  |
| --- | --- |
| **Release Video to Learners** | |
| Access Date From:Click or tap to enter a date. | To:Click or tap to enter a date. |

**Release Video to Faculty** (List faculty names in the box below)