



**POLICY 004 -- TAPE RECORDING OF MEETINGS**

It is the policy of the West Jefferson Hills School District to record the proceedings of all regular and special meetings of the Board of School Directors by audiotape. The purpose of this policy is to set forth the procedures to be used in accomplishing said recording.

1. All regular and special meetings of the West Jefferson Hills School District Board of School Directors shall be recorded by audiotape. The executive sessions during said meetings shall not be recorded.
2. The Secretary/Business Manager shall be responsible for the recording of the meetings.
3. The tape shall remain in the custody and control of the Secretary/Business Manager at the Administration Building of the school district.
4. Any person wishing to have access to said tape shall furnish the Secretary/Business Manager with a written request on the form attached hereto.
5. No person is permitted to remove said tape from the premises of the Administration Building of the school district.
6. Any person desiring to listen to a portion of a meeting tape shall do so in the presence of the Secretary/Business Manager or his/her designee. It shall be permissible for a person to copy or record the tape, but said copying of a recording shall only be done in the presence of the Secretary/Business Manager or his/her designee.
7. The Secretary/Business Manager shall keep a record of those persons requesting permission to review said tape; and, further, said list shall indicate the date, time, identity of the requestor, and whether the requestor indicated a desire to copy the tape.
8. The Secretary/Business Manager shall retain said for a period of one year following the meeting at which time the Secretary/Business Manager shall erase said tape for reuse.

**POLICY 004 -- TAPE RECORDING OF MEETINGS (continued)**

**PERMISSION TO REVIEW MEETING AUDIOTAPE**

I request permission to review the sound tape of the following meeting of the Board of School Directors:

Date of Meeting: \_\_\_\_\_

Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_

Do you wish to copy the tape?

\_\_\_\_\_  
Yes

\_\_\_\_\_  
No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Approved:

\_\_\_\_\_  
David M. Seropian  
Secretary/Business Manager

\_\_\_\_\_  
Date