

Center for Access and Accommodative Services

Student Agreement of Otter Recording and Transcription of Class Lectures

Complete and submit this form to caas@triton.edu

The Otter.ai transcription software may be used by students to record and transcribe class lectures for their personal use to study and in preparation of classes they are registered in. Students in violation of the contract will no longer be permitted to use the Otter service to record and transcribe lectures.

I, _____, have read and understand the conditions and limitations applying to recording and transcribing class lectures and demonstrations. As a condition of the use the Otter service for recording and transcribing class lectures and demonstrations, I fully agree to the following conditions and limitations.

1. I will use recordings and the resulting transcribed text of class lectures solely for my personal use to study and in preparation related to my classes.
2. I will not share the recordings and/or the transcribed text of the lectures with any other person at any time or in any form.
3. I will inform my instructors that I will use the Otter software to record and transcribe lectures and demonstrations before using it in class.
4. I agree to turn off the program when asked to do so by the instructor or students sharing personal and/or sensitive information.
5. I agree not to take pictures of any students or the instructor.
6. I will destroy all recordings and transcriptions I make when I no longer need them for my class work.
7. I acknowledge the recordings and resulting transcribed texts are sources for use in the course of which is governed by rules of the Academic Integrity policy of Triton College.
8. I will manage the recording device in a way that does not disturb others or call attention to the fact that I am recording a lecture.
9. I understand that if I violate this contract and/or the Academic Integrity policy of Triton College that I will no longer be allowed to record and transcribe lectures for any class.

Semester/ Year _____ Date _____

Phone _____ Triton E mail _____

Student Name, Print _____

Student Signature _____

Career Goal, Certificate/Degree Name _____

Center for Access and Accommodative Services Witness : _____

Submit this form by email to caas@triton.edu or in person in Room A-105.

Student Colleague Number _____