

Center for Access and Accommodative Services

Rooms A105

(708)456-0300 ext. 3917 or <u>caas@triton.edu</u> Monday-Thursday 8:30-5:00 Friday 8:30-3:00

Student Agreement of Otter Recording and Transcription of Class Lectures

Complete and submit this form to caas@triton.edu

study and	in preparation of classes they are registered in. Students in violation of the contract will no longer be permitted Otter service to record and transcribe lectures.
	, have read and understand the conditions and limitations applying to recording and ag class lectures and demonstrations. As a condition of the use the Otter service for recording and transcribing res 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.
	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.
	I will inform my instructors that I will use the Otter software to record and transcribe lectures and demonstrations <u>before</u> using it in class.
	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.
	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 agreement 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 N	ame, Print
Student Si	gnature
Career Go	al, Certificate/Degree Name
Student Co	olleague Number

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