

# Otter.ai Request Application Recording Agreement

## Initial Recording Agreement Screen

### RECORDING AGREEMENT

#### Recording Agreement

I agree:

1. Use the audio recording for my own educational needs only.
2. Turn off the audio recorder at the instructor's request during portions of the lecture which are not relevant to the contents of the course requirement.
3. Erase all of recordings at the end of the course, or return any devices to the DSPS Alt Media Specialist where they will be erased for me. Not copy or release any recordings, transcriptions,
4. I understand that as a student enrolled at Orange Coast College who has a disability affecting my ability to take or read notes, I have the right to tape record my class lectures for use in my personal studies only.
5. I realize that lectures taped for this reason may not be shared with other people without the written consent of the lecturer.
6. I also understand that tape-recorded lectures may not be used in any way against the faculty member, other lecturer, or students whose classroom comments are taped as part of the class activity. I am aware that the information contained in the tape recorded lectures is protected under federal copyright laws and may only be published or quoted with the expressed consent of the lecturer and with giving proper identity and credit to the lecturer.
7. I agree to abide by these guidelines with regard to any lectures I tape while enrolled as a student at Orange Coast College. If I violate this agreement, I shall be subject to appropriate disciplinary action.

\*

By checking the box you certify that you have agreed to recording policy.

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## Confirmation of Recording Agreement Screen

#### Recording Agreement

I agree:

1. Use the audio recording for my own educational needs only.
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3. Erase all of recordings at the end of the course, or return any devices to the DSPS Alt Media Specialist where they will be erased for me.
4. Not copy or release any recordings, transcriptions,

#### Equipment Loan Agreement

I agree:

1. To return the equipment in the same condition as when received from the Accessibility Resource Center (ARC) Office.
2. To pay for any damage or loss incurred through negligence or lack of control of the equipment.
3. To pay for any corrective action taken to restore or replace the equipment to its original condition upon return.
4. To not loan the equipment to any person; and (5) to return equipment no later than the "Due Date" listed above or a HOLD will be placed on my student account.
5. I further understand that if the equipment is not returned on time in its original condition, or the damage/replacement fees are not paid, access to my official records and enrollment will be denied until the fees are paid, or the item(s) is returned in working order.

By typing your electronic signature below, you understand and accept the responsibilities of the contents of this Equipment/Software Loan Agreement Contract. If you do not follow this contract, your equipment/software loan may be suspended and you will be required to meet with the ARC Counselor/Director to reinstate your equipment/software loan. If you violate any of the terms listed above, that disciplinary action will be taken. By signing this contract, I understand and accept the responsibilities.

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# Electronic Signature

Please read the [Disclosure / Consent](#) before you sign your form electronically.

Typing your name exactly as it appears below signifies you are completing this form using an electronic signature. By signing electronically, you are certifying that you have read and understand the Disclosure/Consent and agree to electronically sign. You also agree to receive required disclosures or other communications related to this transaction electronically.

To continue with the electronic signature process, please enter your first name in the first field, and your last name in the second field. Your name must match the names displayed in the dialog. Next, click the "Sign Electronically" button to save your information and submit your electronic signature.

**i** Required fields are marked with an asterisk.

**Frist Name \***

**Last Name \***

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Sign Electronically

If you would like to opt out of electronic signature, please click the "Opt out and print" link below to save your information and print a local copy for your signature.

[Opt out and print](#)