

## Student agreement for receiving power points, notes, recordings and/or outlines

**Please review and INITIAL each statement, then sign the agreement below:**

\_\_\_ I understand that because of my disability I have been approved to receive a copy of power points, notes, recordings, and/or outlines from class lecture for my personal study use only, and no other purpose.

\_\_\_ I understand that I may not share the power points, notes, recordings, and/or outlines with others or profit financially from the content.

\_\_\_ I understand that information contained in the power points, notes, recordings, and/or outlines is protected under federal and international copyright legislation, and may not be published or quoted without the lecturer's explicit consent and without properly identifying and crediting the lecturer.

\_\_\_ I understand that in some cases power points, notes, recordings, and/or outlines may be prohibited at the discretion of the instructor when the content involves personal information and/or self-disclosure. In these cases the student will work with the instructor to obtain alternative notetaking assistance to supplement these sections of the course.

\_\_\_ I agree to delete the power points, notes, recordings, and/or outlines at the conclusion of the semester.

**Violating this agreement may result in the withdrawal of the authorization to receive power points, notes, recordings, and/or outlines in the course, as well as to a review of this accommodation or similar services in the future.**

**I agree that I will follow the terms of this agreement in accordance with the spirit of the agreement.**

\_\_\_\_\_  
Course/Instructor

\_\_\_\_\_  
Semester

\_\_\_\_\_  
Student's printed name

\_\_\_\_\_  
ID#

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
ADA Coordinator's signature

\_\_\_\_\_  
Date

Please return signed form to the ADA Coordinator (W160). Instructors may make a copy if desired.