**Office of Disability Services**

**TypeWell Transcript Agreement**

I, agree to use all transcripts of class content for Student’s name-please print

educational purposes only. I also agree not to release any course lecture transcription to others, post to websites, sell, or in any way hinder the instructor’s ability to obtain a copyright of their intellectual property/lecture content. Some course matter may involve students’ personal sharing. In regards to privacy of such matters, the transcript will remain as gender neutral as possible (male student/female student) and specific names may be omitted before the transcript is sent to the student by the transcriber.

Student V #:

Anticipated Graduation date:

Student’s Signature Today’s Date