

**Western Oregon University
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