



San Luis Obispo County Community College District  
**Disabled Student Programs and Services**

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## Classroom Accommodation Agreement

I \_\_\_\_\_ do hereby agree to use the tape recording  
(Name of Student)  
and/or transcriptions from \_\_\_\_\_ only for personal aca-  
(Number & Section of Class)  
demic purposes and am aware that any other use may be subject to laws regarding  
privacy rights.

I further agree not to release these tape recordings and/or transcripts or  
otherwise hinder the Instructor \_\_\_\_\_ from obtaining copy-  
(Name of Instructor)  
rights

The above is an agreement between the following parties

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Instructor's Signature

**San Luis Obispo Campus**  
Hwy 1 • San Luis Obispo, CA 93403-8106  
(805) 546-3148 V/TDD • TDD (805) 546-3149  
Fax: (805) 546-3930

**North County Campus**  
2800 Buena Vista Drive • Paso Robles, CA 93446  
(805) 591-6215 • TDD (805) 591-6216  
Fax: (805) 591-6372