KURZWEIL REMOTE – LICENSE SEMESTER FORM

To: Daminna Standfield | Assistive Technology Coordinator | Fax: 510-885-4775

AS|PI Counselor Name: _____   Date: _____

Student Name: _____   Net ID: _____

Student's Horizon Email Address: _____@horizon.csueastbay.edu

Have you used Kurzweil License To Go before *or* have you had prior training in Kurzweil?   ☐ Yes ☐ No

Do you have the Kurzweil License To Go installed on your computer? ☐ Yes ☐ No

Which system do you have? ☐ Windows Version _____   ☐ Mac ☐ Firefly

This program requires internet access. If you do not have internet access, please contact the Accessible Technology Services Office (ATSO) for an alternative.
Incomplete requests will not be considered. The license is valid on a semester basis and needs to be renewed for each successive semester.
ATTACH COURSE SCHEDULE: Attach a copy of your course schedule. This can be found on the "my class schedule" page of MYCSUEB.

By signing below, the student agrees that the Accessible Technology Services Office at California State University, East Bay may discontinue and/or suspend the usage of the Kurzweil Remote License client for reasons related to either abuse/illegal use of the program or for maintenance purposes without prior notice.

_____
Signature of Approving Assistive Technology staff

_____
Signature of Student

_____
Date

To be filled out by the Accessible Technology Services Office only

☐ Fall   ☐ Spring   ☐ Summer   20_____