

Disability Services: Request for Notetaking Services

Please complete and return to Taylor 302

Course Name & Number (e.g., PSY 151) _____ Semester _____

Professor Name _____ Student Name _____

Student ID Number _____ Student Phone # _____

Student Address _____ Student e-mail _____

Please check the following to indicate that you have read and understand each statement.

_____ If my phone number or address changes, I will immediately notify Disability Services with the changes.

_____ **IMUST** attend class to receive notes.

_____ I will use notetaking services as a supplement to the notes I am able to take in class.

_____ I will contact Disability Services if the notetaker is providing inadequate services.

_____ If I withdraw from or drop a course in which I am receiving services, I will notify both Disability Services and the professor.

_____ I have checked with my professor(s) and notes are **NOT** available in faculty folders on the labservers.

I realize that if I fail to fulfill any of the above agreements, my services may be temporarily interrupted.

Signature of Student _____ Date _____

For Office Use Only

Name of Notetaker _____ E-mail _____

Notetaker Phone # _____ Notetaker Address _____

Professor Phone # _____ CRN # _____ Class Roster Checked Yes No

Notes are being supplied by _____ email _____ copier _____ *Comments are on the back*