



Notetaker Request Form

Name _____ J # _____ Semester: Fall 20__ Spring 20__ Summer 20__

I am requesting notetakers for the following classes:

OFFICE USE ONLY:

Course Name	Section	Days	Hours	Instructor	Notetaker	Hired	Other students?	Orientation completed
<i>Sample: PSY 133</i>	<i>10</i>	<i>MWF</i>	<i>10 am</i>	<i>D. Steinberg</i>				

As the recipient of notetaking services, I agree to:

1. Have my Instructor sign my Verification form and return to the Testing Center.
2. Attend class on a regular basis. If I need to be absent due to the nature of my disability, I will contact Accommodative Services ASAP.
3. Retrieve notes on a **weekly basis** and sign for the notes I do receive.
4. Notify the Accommodative Services Office if I change my schedule and no longer need notetaking services.
5. Notify the Accommodative Services Office in **writing** immediately if I am dissatisfied with the quality and/or quantity of the notes I am receiving or if the notes are not being received in a timely manner.

Student Signature

Date