NOTE-TAKER REQUEST FORM

(Please fill out one form for each class)

Date: ___________________________________________  EMPLID #: ______________________________

Semester ___________________________  Name: __________________________________________

Name of class: ___________________________  Phone #: ______________________________

Instructor’s name: ___________________________  Time of class: ______________________________

Please list student names that might be interested in taking notes for you:

____________________________________________________________________________________

The Accessibility Support Office will notify you when a note-taker has been found.

You are always encouraged to discuss this need with your instructor, as they may be willing to provide you with copies of their class notes.

You are responsible for picking up notes on a weekly basis from the Accessibility Support Office once a note-taker is found.

This section is for office use only:

Contacted instructor: □ Yes  □ No
Contacted potential note-takers: □ Yes  □ No  How many _____
Notified student note-taker has/ has not been found: □ Yes  □ No

Comments:  __________________________________________________________________________