



THE CITY UNIVERSITY  
OF NEW YORK

# College of Staten Island

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Center for Student Accessibility

## Note-Taker Request Form

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

EMPL ID# \_\_\_\_\_

SS# (last 4 digits): \_\_\_\_\_

Are you sponsored by ACCES - VR, CBVH, Readers Aid or another outside agency?  
Please indicate which one.

\_\_\_\_\_

Requesting a note-taker for: *(PLEASE FILL OUT ONE FORM PER COURSE)*

Course: \_\_\_\_\_ Section #: \_\_\_\_\_ Semester: \_\_\_\_\_

Days/ Times: \_\_\_\_\_

Buildings/Rooms: \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note- taker accommodations approved by: \_\_\_\_\_

Academic Counselor

\_\_\_\_\_  
Academic Counselor's signature