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

Revised 09/24/14