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