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