



Disability Services Office

Request for Note-taking Services

Students are encouraged to attend the class at least once and receive the syllabus before filling out this form. Students are advised to allow at least one week for request to be filled. We appreciate students' suggestions for good potential notetakers.

Name: _____ Email Address: _____

Please list the classes for which you are requesting note-takers (ex: ACC 2101 A)

Course & Section: _____ Professor: _____

Days & Times: _____ Location: _____

Course & Section: _____ Professor: _____

Days & Times: _____ Location: _____

Course & Section: _____ Professor: _____

Days & Times: _____ Location: _____

Course & Section: _____ Professor: _____

Days & Times: _____ Location: _____

Course & Section: _____ Professor: _____

Days & Times: _____ Location: _____

Please be aware that each set of notes will be sent to the student only ONE time. It is the student's responsibility to save and/or print this set of notes for their records as they will not be re-sent.

Student Signature: _____ Date: _____