Center for Disability Services REQUEST FOR NOTETAKING SERVICES

Please return this form to the Advising Center in Rooker Hall. A staff member will familiarize you with the procedure for picking up your notes. To be eligible for notetaking services you must be qualified to receive services from The Center for Disability Services. See this office for further information. Please check one of the following:

Fall □	Spring 🗆	Summer 🗆	Ye	ear		
Name			Stı	udent ID#		
Address			City	State	Zip	
Home Phone TDD? Yes/No		Other Phone _	TDD? Yes/No			

List all of your courses below and put an "X" beside the course(s) in which you need a notetaker. It is important for scheduling purposes that all of your courses are listed. Please refer to the example in the first row when recording your schedule.

Need Notes	Course/ Section #	Course Title	Day(s) of Week	Begin/End Times	Instructor
Yes	ENG 111-01	College Comp. I	MWF	9 a.m. – 10:10 a.m.	A Staff

Signature of person from campus office referring you_____

I HEREBY VERIFY THAT THE ABOVE-STATED INFORMATION IS TRUE AND CORRECT.

Student Signature_____ Date_____

Please read and complete the responsibility agreement on page 2 before you submit this request.

RESPONSIBILITIES OF NOTETAKING RECIPIENT'S AGREEMENT

1. **ATTEND CLASS**

- 2 Your instructor is your **MAIN** source of information. Meet with your instructor to discuss the course syllabus and any special requirements for the course.
- 3. Pick up your notes daily*
- 4. Notify the CDS staff **immediately** if you experience problems with **any** of the following:
 - A. No notes received after each class session or one week
 - B. Notes not received on time
 - C. Notes difficult to read (bad copies, can't read writing, etc.)
 - D. Meaning not clear (main ideas, unfamiliar terms not defined, etc.)
 - E. Notes incomplete
 - F. Notes no longer needed
 - G. Withdrawal from course or college
 - H. Extenuating circumstances

*If notes are not picked up within a two-week period and we are not notified of any extenuating circumstances, your privileges will be terminated and your file will be removed.

IF YOU FOLLOW THESE GUIDELINES YOU WILL HELP US SERVE YOU MORE EFFICIENTLY!

I have read (or had read to me), and have been given the opportunity to discuss the "*Responsibilities of Notetaking Recipients*" stated above. I understand what is required of me and agree to abide by the responsibility requirements set forth.

Signature of Client	Date		
Witness	Date		