NOTE TAKER SIGN-UP FORM

If you are interested in serving as a **volunteer note taker**, please provide the information requested. There will be no cost to you aside from a little time each day after class. Someone from Disability Services will contact you within a few days. Your interest in providing this valuable service is greatly appreciated.

Please note: The first student on the list will be the note taker for this course. Other students on the list will be called if a back-up or replacement is needed. **Please sign up only if you plan on attending class regularly.**

NAME PHONE # E-MAIL ADDRESS

_____

_____

_____

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FOR THE STUDENT REQUIRING NOTE TAKER ASSISTANCE:

Please complete the section below and return to Disability Services.

Maintaining personal contact over the course of the semester with the note taker may be to your advantage.

Does Disability Services have authorization to disclose your name to the note taker?

- **Yes** – Notes will be labeled with your first name and last initial unless you instruct Disability Services of another means of preferred identification.
- **No** – Notes will be labeled with the course and section numbers.

_____	_____	_____
Your Name	Phone	E-mail Address

_____	_____
Course and Section #	Today's Date

_____

Your Signature