**NOTE-TAKING REQUEST FORM**

Name: __________________________ Date: __________________________

Phone #: __________________________ Emplied ID __________________________

E-mail Address: __________________________

**Background:** Note taking services are provided as an accommodation to AccessAbility Center/Student Disability Services (AAC/SDS) students who have been granted this accommodation by the AAC/SDS. Please be aware of AAC/SDS’ note taking guidelines to ensure timely and efficient provision of these services.

**Options for Securing Note Taker** (circle one)
1. Request that the AAC contact your course instructor to make an anonymous announcement; or
2. Ask your instructor yourself to make an anonymous announcement on your behalf; or
3. Approach a peer in the classroom and ask them directly if you are comfortable doing so.

**Course Information:** please list all classes for which you are requesting note-taking services.

### Course 1

<table>
<thead>
<tr>
<th>Class Title</th>
<th>Course Number and Section</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>*e.g. BIO 4 9 5 6 0 – 2KN</td>
</tr>
</tbody>
</table>

Instructor: __________________________ Note Taker’s Name (if known) __________________________

### Course 2

<table>
<thead>
<tr>
<th>Class Title</th>
<th>Course Number and Section</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>*e.g. BIO 4 9 5 6 0 – 2KN</td>
</tr>
</tbody>
</table>

Instructor: __________________________ Note Taker’s Name (if known) __________________________
### Course 3

Class Title _______________________ Course Number and Section _____ – _____ – _____ – _____

*e.g. BIO 4 9 5 6 0 – 2KN

Instructor: ________________________  Note Taker's Name (if known) ______________________

### Course 4

Class Title _______________________ Course Number and Section _____ – _____ – _____ – _____

*e.g. BIO 4 9 5 6 0 – 2KN

Instructor: ________________________  Note Taker's Name (if known) ______________________

### Course 5

Class Title _______________________ Course Number and Section _____ – _____ – _____ – _____

*e.g. BIO 4 9 5 6 0 – 2KN

Instructor: ________________________  Note Taker's Name (if known) ______________________

**Reminders:**

- Having a note-taker does not excuse you from attending the class
- If you withdraw from the course, please inform the AAC promptly
- If any issues arise with your note-taker or if the notes do not meet your needs, please notify the Accessibility Center immediately
- Please Submit an Academic Adjustment Letter Request Form each semester along with this form so that faculty may be informed of your accommodations and services