

Note-taker Request Form

If you would like to sign up to be a note-taker, please fill out this form and hand it over to the Office of Disability Services. If the office door is closed, you may slide it under the door.

I would like to be a note-taker

Date: _____ Semester: _____

Name: _____

UML ID: _____ SS No. _____

Address (Home)

Phone Number () _____

Email _____

Previously worked for UML? Yes _____ No _____

Class you are taking notes in:

Course No: _____

Name of course: _____

Instructor: _____

Day/ Time Class Meets _____

Notetakee's Name: (if known) _____