



AGREEMENT FOR STUDENT REQUESTING NOTE TAKING SERVICES

Student name (please print): _____ N# _____

Semester/year: _____ Course name/number: _____

I agree to all of the following:

- I understand that I must be approved by the Accessibility Services Office in order to receive note taking accommodations.
- I will notify the Accessibility Services Coordinator, Dave Donaldson, if my class schedule changes this semester.
- If I am absent from a class, I understand that I will not be provided with notes for that day. (However, I am allowed to ask another student for notes.) Having a note taking accommodation does not excuse me from regular class attendance.
- I understand that if any problems arise, I should talk with my instructor, the student who is taking notes, the Accessibility Services Coordinator, or the Success Center Supervisor. (It may be necessary to talk to more than one of these people.)
- I understand that this signed form must be returned to Dave Donaldson, Office A105B, or Cherie Rix, Office A105A, before arrangements for note taking will be made.

Signature: _____ **Date:** _____

----- ↓ FOR OFFICE USE ONLY ↓ -----

SRC staff initial: _____ Date: _____

NOTES: