

12SU Notetaker Request

Student _____ ID# _____ Date _____ Box _____
Phone _____ Email _____ Adviser _____

Please list **ONLY** the courses for which you are requesting accommodations. In an effort to maintain confidentiality, notetaking will be an anonymous process this semester. You will be assigned a number. This number will be on your box. Your notetaker will only be provided with your number. You however, will receive your notetaker's contact information. If you would like to contact your notetaker directly, feel free to do so.

Student: Please complete the columns below.	
Course # and Title	Instructor

Notes/Requests: _____

Please read the following statements, initial next to each one, and sign below. Your signature indicates that you have read these statements and agree to abide by Student Support Services policies and procedures.

_____ I understand that my identity and details of my disability will remain confidential unless I choose to discuss them with my notetaker(s).

_____ I will notify Student Support Services immediately if changes to my class schedule affect my need for notetakers or other accommodations I have requested.

_____ I understand that frequent unexcused absences may be reason for suspension of note-taking services.

_____ I understand that notetakers are not tutors by default. If I need a tutor, I will contact SAAB or make arrangements with Student Support Services staff.

_____ If I have any concerns about the quality or delivery of my notes, I will contact the notetaker through the Student Support Services Intern using the comment cards provided, or directly if I choose to do so.

_____ I understand that receiving accommodations in an academic class does not lessen my responsibility for meeting all the requirements of my courses.

Signature

Date