

# Request for Note Taking Services

Name: \_\_\_\_\_

S.S.#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_  TTY  VP-100  VOICE

Address: \_\_\_\_\_  
\_\_\_\_\_

Semester:  Fall  Spring  Summer Year: \_\_\_\_\_

Please make a list of all courses that you will only need to have the note taking service.

| Course Title | Time | Room # | # of Credits |
|--------------|------|--------|--------------|
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|              |      |        |              |

I, hereby, understand that in order to receive notetaking services that I must meet with A.S.D. Counselor and formally request notetaking services as accommodations before the service can be set-up.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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