



**NOTE TAKER REQUEST**

Elizabethtown College

\_\_\_\_\_  
Student Name (please print)

\_\_\_\_\_  
ID Number

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Campus Box

\_\_\_\_\_  
Semester and Year (ex. Fall 2012)

1. Disability Services will attempt to find a note taker for my classes; alternative accommodations will be investigated if no suitable note taker is available.
2. Notes will be scanned and sent to my college email account within 24 hours of the class. *It is my responsibly to inform Disability Services if I am not receiving class notes within this time period.*
3. Notes will not be provided through Disability Services for missed classes.
4. It is my responsibly to inform Disability Services within (5) five days of dropping a course.

I request a note taker for the following course(s):

Course (Number, Title)	Professor	Note Taker's Name	Note Taker's Phone	Note Taker's Email

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date