

Note Taker Request Form
Office of Disability Services
La Sierra University

Student Name: _____ ID # _____

Email: _____@lasierra.edu Contact Phone: _____

Term (i.e. Winter 2019): _____

- x It is my responsibility to complete and submit a note taker request form to ODS at least 5 days prior to the first day of classes each quarter.

ODS will provide the student with a recorder (if requested) to record the class

note taker can be found. Transcription of recorded notes will be available to the student within 7 days of the receipt of the recorder in the ODS office.

Be aware that it is my responsibility to notify ODS if I choose to recruit my own note taker and making sure that the note taker contacts the ODS office for the "Note Taker Request Form" form.

Questions or concerns regarding the note taker services should be directed to ODS

I have read and agree to the above responsibilities and statements.

_____ Date _____

Course	Description	Day(s)	Time	Location
Example ENG 111	College Writing	M,W,F	9am to 10am	LS 120