

**Notetaker Request Form**

Date of Request: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Student's Phone Number: \_\_\_\_\_

Course Title/Number: \_\_\_\_\_

Do you wish to remain anonymous (Circle One)    Yes    No

Day(s): \_\_\_\_\_

Time(s): \_\_\_\_\_

Instructor: \_\_\_\_\_

Are you eligible for ACCES-VR? (Circle one)            Yes            No

If yes, who is your ACCES-VR counselor?  
\_\_\_\_\_

Does your Instructor post notes or PowerPoint slides on Blackboard?

(Circle one)            Yes            No

XX

For office use only:

Notetaker Assigned: \_\_\_\_\_

Notetaker's Phone Number: \_\_\_\_\_