

NOTETAKER REQUEST FORM
Services to Students with Disabilities
CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO

Student Name: _____ Request for: Fall Winter Spring Summer 20 ____

Coyote ID#: _____ CSUSB Email: _____@csusb.edu

Contact Phone: _____ (circle one) home work cell

- **It is MY responsibility** to submit a completed NoteTaker Request Form to SSD at least thirty (30) days prior to the first day of classes each quarter.
- **It is MY responsibility** to communicate with SSD immediately should there be any change in my class schedule or location that will affect my request for a NoteTaker.
- **It is MY responsibility** to establish and maintain communication with SSD regarding my Notetaker Request.
- **It is MY responsibility** to pick up carbonless (NCR) paper at the SSD office during normal business hours for Notetaking. I am aware that class notes may also be photocopied at SSD during normal business hours within a timely manner.
- **I am aware** that I may or may not choose to select my own NoteTaker from the students in the classroom. However, if I select a Notetaker, it is my responsibility to notify the SSD office via email that a Notetaker has been identified.

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

Student Signature _____ Date _____

Class Schedule

List only those courses for which you are requesting a Notetaker.
(Example: Eng 306, 25624-01, Smith, 8-9:10, UH 106)

Course	Call #/Section	Instructor	Day/Time/Location
_____	_____	_____	_____
Course	Call #/Section	Instructor	Day/Time/Location
_____	_____	_____	_____
Course	Call #/Section	Instructor	Day/Time/Location
_____	_____	_____	_____
Course	Call #/Section	Instructor	Day/Time/Location
_____	_____	_____	_____

White-SSD Canary-Student

Received