

**NOTE TAKER REQUEST  
DISABILITY RESOURCE CENTER  
SOUTHERN UTAH UNIVERSITY**

Student's Name \_\_\_\_\_ T-Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Semester:  Fall     Spring     Summer    20\_\_\_\_ Phone No. \_\_\_\_\_

<b>Course Number</b> <i>Example: HIST 1700-02</i>	<b>Instructor's Name</b>

**I understand that in order to receive the services of a notetaker  
I am required to attend all classes (except in case of illness or other valid reason).**

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