NOTETAKER REQUEST FORM
DISABILITY SUPPORT OFFICE - SOUTHERN UTAH UNIVERSITY

Student's Name _____ T-Number _____

E-Mail Address _____

Semester/Year: ☐ Fall ☐ Spring ☐ Summer 20 ____ Phone No. _____

Course Number *Example: HIST 1700-02*	**Course Title** *Example: American Civilization*	**Instructor's Name**

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 _____

Rev. Feb 2012