



## Academic Services Note-taker Request form

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Semester: Fall  Spring  Summer

### REQUEST FOR NOTE-TAKER IN THE FOLLOWING COURSES:

	Course Reference Number (CRN)	Course ID (e.g., ENGL 112)	Course Title (e.g., College Writing 2)	Instructor
1				
2				
3				
4				
5				

**Other information:** (e.g., “I prefer that the note-taker sits next to me due to my visual impairment” or, “I would like John Doe to be my note-taker.”)

**Reminders:**

- Please communicate with your note-taker in a timely manner.
- Please notify the Learning Access Coordinator immediately if you drop a class, change your schedule or no longer wish to receive note-taking services.
- The note-taker will not share notes with you if you not attend class for reasons unrelated to your disability.
- Please notify the Learning Access Coordinator if notes are not being shared with you.

**Learning Access Coordinator**

Angelia Martinez, M.A. CRC

Academic Services

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For more information about academic support services, visit the CASE website at  
: [www.lewisu.edu/case](http://www.lewisu.edu/case)