

## Note-Taker Request Policy

I, \_\_\_\_\_ understand that I must comply with the following requirements in order to receive note-taking as an accommodation at Middle Georgia State University. Prior to completing this form, I must be eligible to use a note-taker, as listed in my Faculty Accommodation Letter (FAL).

1. I have read and understand the note-taking policy and procedures available on the school website.
2. It is my responsibility to request a note-taker after attending at least two (2) class meetings.
3. I will attend classes, as scheduled. If I miss class, it is my responsibility to obtain notes for the class I missed. Note-takers are not to share their notes for absences not directly related to accommodations I am eligible for, as indicated in my FAL.
4. I understand that it is my responsibility to communicate to Disability Services if the notes I receive are unclear, not appropriate for my needs based on my disability, or if I no longer require the service.
5. Should I choose, I can make myself known to my note-taker and arrange to pick up notes directly from him or her. Otherwise, I may remain anonymous and understand that notes will be available for pickup from the Disability Services Office, Student Life Center -266.
6. I understand that if I do not follow any of these agreements, Disability Services may suspend these services until a resolution can be reached.
7. I understand that if I do not pick up my notes within two (2) weeks, my note-taking services will automatically be suspended and a letter or e-mail will be sent regarding the policy and procedures of receiving the service. The services will remain suspended until I meet with a Disability Services professional.

Disability Services hours are:  
Monday – Thursday, 8:00 am till 5:30 pm  
Friday – 8:00 am till 12:00 noon

Hours may change during semester breaks and summer session.

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By signing, I acknowledge that I have read and understand the above requirements.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student ID: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Term & Year: \_\_\_\_\_

**Please see page 2**

## Note-Taker Request Form

When selecting **Delivery Method**, please indicated one of the following: **1** – Note-taker will photocopy or e-mail notes directly to me or **2** – I will pick up notes from Disability Services.

<b>Class 1</b>		<b>Class 2</b>	
Class Name & Section		Class Name & Section	
Professor's Name		Professor's Name	
Class Day & Time		Class Day & Time	
Delivery Method # (see above)		Delivery Method # (see above)	
<b>Class 3</b>		<b>Class 4</b>	
Class Name & Section		Class Name & Section	
Professor's Name		Professor's Name	
Class Day & Time		Class Day & Time	
Delivery Method # (see above)		Delivery Method # (see above)	
<b>Class 5</b>		<b>Class 6</b>	
Class Name & Section		Class Name & Section	
Professor's Name		Professor's Name	
Class Day & Time		Class Day & Time	
Delivery Method # (see above)		Delivery Method # (see above)	

**Please return this completed form to Disability Services:**

Student Life Center – 266  
100 College Station Drive  
Macon, GA 31206

Phone: 478.471.2985  
Fax: 478.471.5730