



Accessibility Services  
Vickie Abel, Coordinator  
1501 State Street, IL 220  
Marshall, MN 56258  
(507) 537-6492

## Students' Request for Notetaker

Please print clearly or ask for assistance.

Date \_\_\_\_\_

Name \_\_\_\_\_

Campus Address \_\_\_\_\_

Mustang ID \_\_\_\_\_

E-mail \_\_\_\_\_

Telephone \_\_\_\_\_

6 Digit-Course ID and Title \_\_\_\_\_

Class Meeting Date and Time \_\_\_\_\_

Instructor \_\_\_\_\_

6 Digit-Course ID and Title \_\_\_\_\_

Class Meeting Date and Time \_\_\_\_\_

Instructor \_\_\_\_\_

6 Digit-Course ID and Title \_\_\_\_\_

Class Meeting Date and Time \_\_\_\_\_

Instructor \_\_\_\_\_

6 Digit-Course ID and Title \_\_\_\_\_

Class Meeting Date and Time \_\_\_\_\_

Instructor \_\_\_\_\_

I give Accessibility Services permission to give the volunteer notetaker my: name, phone number, and/or e-mail address so that they can contact me regarding notes for the course listed above.

Please Check one:  YES  NO Initials: \_\_\_\_\_

### Office Use:

Notetaker: \_\_\_\_\_

Campus Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail \_\_\_\_\_