



Asbury University
Academic Accessibility Resources
Note-Taker Request

Academic Semester: _____

Name: _____

Course #: _____ Professor: _____

I recognize that having a note-taker does not replace the need for me to take my own notes. These additional notes will supplement, not replace my own notes.

I recognize that it may take multiple weeks for a note-taker to be arranged and that there is a possibility that a note-taker will not be available for every class in which I request one; however, tape-recording class lectures is always an option.

I also recognize that there may be times during the semester that my note-taker has to miss class and is therefore unable to provide notes for those days. This is yet another reason to remember that I am responsible for taking my own notes every day as well even with this accommodation.

Signature: _____ Date: _____

Approved by: _____ Date: _____