



# Office of Disability Services

## Note-taker Agreement Form

I, \_\_\_\_\_, agree to provide quality note-taking services for UIS. I understand that I need to follow the procedure below to serve as a volunteer note-taker by the Office of Disability Services (ODS) (HRB 80):

1. I will attend classes as scheduled.
2. I will take clear and comprehensive notes.
3. I will be informed the method to provide notes to the student. These may include: providing a copy of the notes to the ODS (HRB 80), emailing the notes to the student, or meeting the student after class to make a copy of the notes.
4. I will deliver a copy of my notes to the agreed upon location within 24 hours of the last class meeting.
5. I am responsible for providing notes from the date indicated by ODS through the end of the semester, if I am unclear as to what the start date of my notes should be, it is my responsibility to contact ODS.
6. Should I be approached by the student for whom I am taking notes, I will keep his or her identity confidential. I understand that if I am not approached by the student, only the ODS and the Instructor will know the person's identity.
7. If I am issued a ODS copy card, I will keep the card in my possession, and understand that I am only allowed to use the card for note taking purposes for the agreed upon class(es) and student(s).
8. If the notes are inadequate or the student no longer requires them, I understand that I may be asked to discontinue my note-taking services and immediately return the ODS issued copy card.

By signing I acknowledge that I have read the above Note-taking Procedures and agree to follow them as a Note-taker for the University of Illinois- Springfield.

\_\_\_\_\_  
Student signature \_\_\_\_\_  
Date

UIN \_\_\_\_\_ E-mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Semester & Year: \_\_\_\_\_

Class Name and Section:			
Professor's Name:			
Class Day/ Time:		Class Location:	
Delivery Day/Time:			

Thank you for providing a valuable service to our students!

**Any questions, or if you need additional information please contact ODS at 217-206-8555.**

*Please email completed form to [ods@uis.edu](mailto:ods@uis.edu)*

Copy Card # \_\_\_\_\_ Disability Services Card Number \_\_\_\_\_