

**Services for Students with Disabilities
Note Taker
Application**

Name: _____

Address: _____

Phone#: _____ **Cell:** _____

Student E-mail: _____

Personal E-mail: _____

M#: _____

Courses you are taking Notes for (you must be taking the course).

Course	Instructor

Signature: _____

**** Upon completion, return or e-mail to:**

Morrisville Campus	Norwich Campus
David Symonds, Coordinator of Services for Students with Disabilities Onondaga Hall, Morrisville symondda@morrisville.edu 315-684-6349	Jeri O'Bryan-Losee, Coordinator of Support Services Roger W. Follett Hall, Norwich obryanj@morrisville.edu 607-334-5144