

# DISABILITY RESOURCE CENTER NOTETAKER SIGN UP SHEET

\_\_\_\_\_ Semester, Year

Today's Date: \_\_\_\_\_

**PERSONAL INFORMATION:**

Full Name: \_\_\_\_\_ SS# \_\_\_\_\_

**Note: Your check will be mailed to the address that you provide here.** This information will also be used if it is necessary to contact you about this payment for any other reason and to mail any additional paperwork related to this payment.

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**COURSE INFORMATION:**

DRC Student(s) Receiving Notes	Course(s) Name and Number	Instructor's Name	Amount

**Total:** \_\_\_\_\_

**CONTRACT:**

By signing below, I agree to provide note copies for the above named class(es) for the sum of **\$80** per class for the semester, payable upon completion of the semester. I understand that if notes are provided for more than one student in the class who is registered to receive this accomodation, I will be paid **\$40** for each additional student. I understand that the total amount due will be prorated should I or the student withdraw from the course. I understand that I will receive no compensation should I fail to provide adequate notes in a timely fashion throughout the semester. Further, I acknowledge that I have read and understand instructions regarding providing notes and agree to abide by these guidelines.

\_\_\_\_\_  
Name printed

\_\_\_\_\_  
Signature