



METROPOLITAN STATE
COLLEGE of DENVER

Memorandum

To: Faculty and Students
From: Access Center Service Coordinator
RE: Notetaker Agreement Form

Office Contact Information:

Auraria Library, Suite 116

Email: mscd-accesscenter@mscd.edu

Phone: 303-556-8387

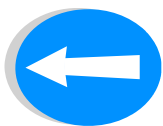
Fax: 303-556-6852

Students: Please read the form and fill out the top portion on reverse side (Access Center Student 900#). Once the top portion is complete, give this form to your professor. The Access Center encourages you to discuss this form along with your faculty letter with your professor during the first week of class. If you encounter any difficulty with this process, contact the Access Center immediately. At the end of the semester, come to the Access Center to verify that your notetaker has fulfilled his/her volunteer services in order for them to receive a letter of commendation and gift card. **Please remember that notes provided by a notetaker are not in lieu of attendance. Students registered with the Access Center are expected to attend every class possible.**

Faculty: The student who provided you this form requires a peer notetaker. Please read the announcement below at the beginning of today's class. **PLEASE KEEP THE STUDENT'S NAME CONFIDENTIAL.**

ANNOUNCEMENT: **A FELLOW STUDENT WHO UTILIZES PEER NOTETAKER ACCOMMODATIONS FROM THE ACCESS CENTER WOULD APPRECIATE YOUR ASSISTANCE BY PROVIDING HIM/HER COPIES OF YOUR NOTES. AS A THANK YOU FROM THE ACCESS CENTER, YOU WILL RECEIVE A CERTIFICATE OF COMMENDATION AND A \$20 GIFT CARD FROM THE AURARIA BOOKSTORE. PLEASE SEE ME AFTER CLASS TO COORDINATE EXCHANGING OF NOTES. THE ACCESS CENTER GREATLY APPRECIATES YOUR VOLUNTEER SERVICES.**

After class, please give the notetaker agreement information to the student who volunteers. Ask him/her to read and fill out the reverse side of this form and return it to the Access Center, Auraria Library, Suite 116. If no one volunteers, please contact our office at 303-556-8387 for assistance. Thank you for your assistance in this important matter. Brei Hamilton, Access Center Student Services Coordinator



COMPLETE REVERSE SIDE OF FORM



ACCESS CENTER STUDENT 900#: _____

THIS SECTION TO BE COMPLETED BY VOLUNTEER NOTETAKER
PLEASE PRINT CLEARLY!

The ACCESS CENTER appreciates your volunteer services for a student with a disability. Notes can be supplied to the student with photocopies of your notebook, which can be **copied for free** in the Access Center, or the Access Center will supply carbonless duplicate paper for your use.

Please complete this Agreement Form and return it as soon as possible to our office, located in the Library, Suite 116. This Agreement will be held in the Access Center until the end of the semester when the student will sign and verify the notes were received. When you successfully complete a semester of notetaking, a certificate of commendation and gift card will be sent to your mailing address.

PLEASE NOTE: If the student does not show up for 3 consecutive classes please contact our office so we can determine if the student will be returning to class. You will be notified if services are cancelled. Please complete the section below with your contact information.

Thank you! We appreciate your assistance!

NOTETAKER'S NAME _____ 900 # _____

ADDRESS _____ CITY _____ ZIP _____

CONTACT# _____ E-MAIL _____

FALL SPRING SUMMER YEAR _____

COURSE TITLE _____ CLASS TIME _____ AM PM

CLASS DAYS M T W R F S (ROOM# _____)

I am registered for the above-referenced class. I agree to provide a complete set of **class notes within 2 days of each classroom session, preferably the same day of class.**

NOTETAKER SIGNATURE

DATE

TO BE SIGNED BY ACCESS CENTER STUDENT AT THE END OF THE SEMESTER

RECIPIENT'S SIGNATURE

DATE