## UCLA Office for Students with Disabilities

## VOLUNTEER NOTETAKER INTEREST FORM

Name:		Phone:				Term and Year:	
Email:		UID:		Majo	or:		GPA:
• Stand	ding: Freshman Sop	ohomore 🔘	Junior <b>(</b>	)	Senior (	Graduate Stude	ent 🔘
	did you hear about being a Noteta Own initiative	ker?	Icon on ked by disable	study list		Email from OSI fessor announced in clas	
• Have	e you previously been an OSD Note	etaker?	Yes	O / No O	)		
Have you attended an OSD Notetaker Information Session?				O / No O	)		
Do you have a Social Security Number or an ITIN?				O / No O	)		
• Do y	Do you type your notes?			Yes O / No O			
the service request, veserving. PLEAS	APPLICANT: OSD provides acac ce delivery is communication betwe we may ask for your permission to Notetaking is a volunteer position E INITIAL HERE INDICAT  Please list those cl	een the disable provide your nand as such, N TING THAT	ed student and name, phone no notetakers may YOU UNI enrolled in an	service pro number and/ y receive a s DERSTAI	ovider. If or e-mainstipend for the ND TH	f you are selected as a Not address to the student(stor copying their notes.  IIS. DATE:	otetaker, upon s) that you are
3	Subject Name & Number	Day	'S	Time		Professo	or
	Example: Soc. 101	MTW	'RF	11:00–1:0	00	McCloskey	, E. J.