



TEXAS A&M INTERNATIONAL UNIVERSITY
Office of Disability Services for Students
Volunteer Note Taker

Please Print Neatly

Today's Date: _____

1. Name: _____

2. Student ID #: _____

3. Student E-Mail: _____

4. Semester and Year: _____

5. Course(s) you are providing Notes for:

Course Name and Number	Professor's Name	Class Days	Class (begin/end time)

6. Contact numbers best reached at:

Cell: _____

Other: _____

7. Best time to be reached: _____

8. May we share your phone number and/or email to the student receiving the services?

Phone Number: YES NO

Email: YES NO

9. May we consider you to volunteer for future semesters? YES NO MAYBE

It is very important that you provide your correct contact information. We will use this information to contact you at the end of the semester to provide information regarding your Community Service Hours Certificate and Dusty Dollars.

To be completed by DSS Office:

Name of DS Student: _____

Course: _____

Professor: _____

Class Day(s) and Time: _____

Effective Date: _____

Indicate changes in registration status if any: _____

Consumer Concerns: _____

Action taken: _____