



MARYMOUNT MANHATTAN COLLEGE
 Office of Academic Access and Disability Services
 221 EAST 71ST STREET
 NEW YORK, NY 10021
 212-772-0724

Request for SMARTPEN or Note Taking Services

Semester: _____

Today's Date: _____

<p>STUDENT Name: _____</p> <p>ID#: _____</p> <p>Cell Phone: _____ Other phone: _____</p> <p>Email Address: _____</p> <p>Alternative Email Address: _____</p> <p>Learning Specialist (if applicable) _____</p>
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Please choose and mark with an X:

_____ **I request use of a SMARTPEN.** A Smartpen will record all you write and hear in class and replay lectures simply by tapping on your notes or drawings. Notes can be easily transferred to your computer. A Smartpen and instructions for use will be provided.

_____ **I request the use of note taking services** and have been granted accommodations for an eligible disability by the Office of Academic Access and Disability Services. I have read and understand the AA-DS Notes Guideline and have filled out the **Application to Receive a Note Taker** (on other side of this form).

Note Taker Confidentiality Release and Guidelines on Notes Received

Please choose one by checking the box and printing your name in the space provided.

I _____, understand
 (Please print your full name above)
that by requesting a Note Taker, I am releasing my name and the fact that I have a disability to the MMC student(s) who will take notes for me. This will allow for speedier delivery of notes and will also allow me to ask questions about my notes directly to my note taker.

I _____, would prefer
 (Please print your full name above)
to keep my identity private from my note taker and request that my note taker not know my name. I understand that this may mean it will take longer to receive notes.

Guidelines on Notes Received: *I also understand that notes are given to me as a privilege of being a student who is in good standing at MMC and who has been granted accommodations for an eligible disability from the Office of Disability Services or from my enrollment in Academic Access. These notes are meant to aid me in my success in my coursework and are not a suitable substitute for my own in-class notes. I should attend class regularly and take my own notes. These notes are for my own use only and under no circumstances should I share them with others.*

By signing below I release my name and the fact that I have a disability to my student note taker(s) (if not otherwise noted) and I also understand and promise to uphold the guidelines on notes I receive.

Student Signature: _____ **Date:** _____

Application to Receive a Note Taker

Directions:

1. Please list all classes for which you are currently registered and will need note taking services. Initial bottom of page.

2. If you add a class and require additional note taking services or if you drop a class, you **MUST** provide the Office of Academic Access and Disability Services with another application and notification.

3. Applications must be submitted before the WF period of the semester

Note: Please allow one to two weeks for processing your application and securing a note taker after classes begin. Incomplete or incorrect course information may result in a delay of services. Please be aware that this form is not a guarantee of service. While rare, there are some circumstances where a note taker cannot be secured.

1 Class name: _____
 Course# & Section _____ Note Taker Assigned: _____
 Day: _____ Time: _____ _____
 Professor: _____

2 Class name: _____
 Course# & Section _____ Note Taker Assigned: _____
 Day: _____ Time: _____ _____
 Professor: _____

3 Class name: _____
 Course# & Section: _____ Note Taker Assigned: _____
 Day: _____ Time: _____ _____
 Professor: _____

4 Class name: _____
 Course# & Section: _____ Note Taker Assigned: _____
 Day: _____ Time: _____ _____
 Professor: _____

Student Initials: _____ **Date:** _____