

DSS Scheduling for FALL 2014

Date: _____ Received in Office: _____ (date stamp)

Please complete the following so that we can make our services to you as helpful and efficient as possible.

Name: _____ Banner ID: @ _____

Permanent/Home Address: _____

Permanent Phone: _____ Cell Phone/Work Phone: _____

IUP Email Address: _____

Please note that correspondence for recorded books and note taking will be done **ONLY** through IUP email.

If known, Campus/Local Address for the upcoming semester: _____

For the upcoming Fall semester, please indicate which of the following services you would like:

1. Dear Professor Letters sent? Yes ___ No ___

These will be sent to All Classes, unless you indicate below the specific classes for which you want letters sent:

NOTE: The nature of your disability is NOT disclosed on the memo; only the accommodations are listed. Check (yes) below if we have permission to disclose your disability to instructors. Yes ___ No ___ Be assured that a "NO" answer will in no way affect your letters or service.

2. Does your accommodation plan state that you should receive note takers? Yes ___ No ___ Uncertain ___

If so, do you need to have note takers assigned for this semester? Yes ___ No ___

If you change your schedule, it is your responsibility to notify the note taking coordinator immediately so that s/he may notify volunteers already in place and request new volunteers.

If you have specific person whom you wish to be a note taker for a class, you must contact advising-testing@iup.edu with the name.

All Classes _____
Or, specify in **which classes** you desire note takers:

Please turn over

Office use ONLY

____ Schedule Printed _____ Entered onto Tracking Sheet _____ Reviewed by Note taker GA _____ Rev By Recorded Book GA
____ Dear Professor Letters sent _____ Entered into A&T semester green sheet database _____ Noted on Contact Sheet

