



Hagerstown Community College

Note Taker Request Form

First Name Last Name

Student ID# Phone Number

E-Mail Address

List the course(s) that you need a note taker for below:

Course 1 Days/Times Teacher's Name

Course 2 Days/Times Teacher's Name

Course 3 Days/Times Teacher's Name

Course 4 Days/Times Teacher's Name

Course 5 Days/Times Teacher's Name

*Return completed form to the Disability Support Services (DSS) office
in the Student Center, STC 114/115 or via e-mail at:
dss@hagerstowncc.edu*