

Clemson University / Student Disability Services

Notetaker Registration Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ Clemson e-mail \_\_\_\_\_

Notetaker : Class \_\_\_\_\_

Semester \_\_\_\_\_ Professor \_\_\_\_\_

Completed Semester yes \_\_\_\_\_ no \_\_\_\_\_