

NOTE TAKER APPLICATION
SUPPORT SERVICES FOR STUDENTS AND EMPLOYEES WITH
DISABILITIES
Room #112, P.O. 17156, Jackson, MS 39217

*Thank you for your interest in being a **Note Taker** with the Office of Support Services for Students and Employees with Disabilities. Please complete this form for our records. Additionally, note takers are responsible for meeting with the ADA Coordinator at the end of each month relevant to their time cards being approved and/or signed. (Please provide a class schedule for your placement considerations and leave this in our office for official records).*

Name: _____

Social Security Number: _____

Street Address: _____

City, State, Zip Code: _____

Phone Number: _____

Major: _____ **Class:** _____

Alternate Phone Number: _____

Email Address: _____

Available Hours _____

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Signature: _____

Date: _____