Office of Accessibility Instructor Verification Form

Notetakers

- x Fill out theelow information this form (name/urse/instructoname). <u>Attach a copy of</u>21 <u>pagesof note</u>sthen provide the formyourinstructor within the first two weeks of the assignmentOncethe form is completed the instructor pload the form to STARS.
- x Full payment is contingent upon receipt of completed form and attached notes within two weeks of assignment

Notetaker:

Course Name and Number:

Instructor:

Instructors

хх

x Thank you very much for your time and patience. deleasetthe Office of Accessibility at (330) 97292&raccess@uakron.eduwith any questions.

I, , have examined the notes taken by the notetaker and havether tified

the notes are:

representative of the material wohich I have been lecturing and/or discussinage and good quality.

notrepresentative fthematerial on which I have been lecturing and/or discussing and not of good quality.

Signature of Instructor:

Date: