

GEORGIA

SOUTHWESTERN

Office of Disability Services/Testing Center

STATE UNIVERSITY

(229) 931-2661 Office

800 GSW State University Drive Americus, Georgia 31709 (229) 931-2958 Fax

Note taker Application Form

Date: _____

Name: _____

GSW ID# _____

Email address: _____

Phone number: _____

Have you taken notes for the Office of Disability Services before Yes _____ No _____

Note taker (**please attach your current schedule for this semester**)

When you have completed this application please put into manila folder.

You will be contacted by phone or email when your services are requested. If you have questions please call.

Thank you.