

# DISABILITY RESOURCE CENTER NOTETAKER PAYMENT SIGN UP

Semester \_\_\_\_\_, Year \_\_\_\_\_ Today's Date: \_\_\_\_\_

## PERSONAL INFORMATION:

Full Name: \_\_\_\_\_ 81# \_\_\_\_\_

Have you been paid to be a notetaker in a previous semester? Yes      No  
If yes, semester \_\_\_\_\_ Year \_\_\_\_\_

**Note: Your check will be mailed to the address that you provide here. This must be a long-term address and cannot be a residence hall or temporary address.** This information will also be used if it is necessary to contact you about this payment for any other reason and to mail any additional paperwork related to this payment.

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

## AGREEMENT:

By signing below, I agree to provide notes as agreed using AIM for the sum of **\$100** per class for the semester, payable upon completion of the semester. I understand that the total amount due will be prorated if the student(s) or I withdraw from the course or if it is determined that I did not upload notes for the full semester. I understand that I will receive no compensation if I fail to provide adequate notes in a timely fashion throughout the semester.

\_\_\_\_\_  
Name printed

\_\_\_\_\_  
Signature

## *DRC Office Use Only:*

Payment Amount \$ \_\_\_\_\_

Payment Approved \_\_\_\_\_ Date \_\_\_\_\_