



**LEHMAN
COLLEGE**

The City University of New York

THE OFFICE OF STUDENT DISABILITY SERVICES

NOTETAKER/READER APPLICATION FORM

DATE: _____

NAME: _____

ADDRESS: _____

TEL. NO: (HOME #) _____ **(CELL #)** _____

E-MAIL ADDRESS: _____

SOCIAL SECURITY: _____

MAJOR: _____ **MINOR:** _____

G.P.A.: _____

**HAVE YOU WORKED ANYWHERE ON CAMPUS WITHIN THE LAST 3
YEARS FOR WHICH YOU RECEIVED PAYMENT? YES** _____ **NO** _____

I AM APPLYING FOR ONE OF THE FOLLOWING POSITIONS:

(Please check one)

NOTETAKER _____ **PEER NOTETAKER** _____ **READER** _____

SIGNATURE



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NOTETAKER ASSIGNMENT FORM

SEMESTER: _____

NAME: _____ **S.S.#:** _____

ADDRESS: _____

TITLE: _____

TITLE CODE: _____

DATE OF HIRE: _____

APPOINTMENT: _____

TOTAL HOURS: _____ **SALARY RATE:** _____

TOTAL BUDGETED: _____

START DATE: _____ **END DATE:** _____

ASSIGNED TO WORK WITH: (Student's Name, Class, Time)

1. _____

2. _____

3. _____

4. _____

5. _____

