Services Receipt
Notetaking

Student Information:

Student Name:	Student Loan File Number:
School/Institution Name:	

The *Services Receipt for Notetaking* must be completed and signed by the student.

Helpful Information for completing this form:

Only one (1) receipt in total must be provided for all courses in which a notetaker is providing service. This means that notetaking services for a full courseload can be captured on one receipt. Please see page 2 of this form.

All notetaking service requests must be made via the student's MyPath account.

Receipts for notetaking services must be submitted via upload to MyPATH by the last day of the student's study period (usually the last day of the semester). Receipts submitted via email will not be accepted.

PSAS may contact notetakers to verify information provided on the receipt for quality assurance purposes.

This receipt must be completed and signed by the student. Receipts missing required information will not be accepted and will be returned to the student for completion.

Note:
Requests for notetaking services will be reviewed at the end of September for Fall semester and at the end of January for Winter semester.

Once complete, the student must upload the form to their MyPATH account before the last day of their study period (last day of the semester/program).

Post Secondary Accessibility Services (PSAS)

Services Receipt
Notetaking

Course 1

Course Code (for example BIO190):	
Notetaker Name:	
Notetaker Email Address:	
Notetaker Phone Number:	

Course 2

Course Code (for example BIO190):	
Notetaker Name:	
Notetaker Email Address:	
Notetaker Phone Number:	

Course 3

Course Code (for example BIO190):	
Notetaker Name:	
Notetaker Email Address:	
Notetaker Phone Number:	

Course 4

Course Code (for example BIO190):	
Notetaker Name:	
Notetaker Email Address:	
Notetaker Phone Number:	

Course 5

Course Code (for example BIO190):	
Notetaker Name:	
Notetaker Email Address:	
Notetaker Phone Number:	

Additional Course:

Course Code (for example BIO190):	
Notetaker Name:	
Notetaker Email Address:	
Notetaker Phone Number:	

CSG-DSE funding is subject to all Canada Student Financial Assistance Program (CSFAP) policies and regulations. I understand that by signing my name below, I certify that the information on this form is complete and accurate.

Student Signature: _____ **Date:** _____

Once complete, the student must upload the form to their MyPATH account before the last day of their study period (last day of the semester/program).