



**Disability Resources
Program**
Verification of 'Class Notes'
Purchase Expense

CCC Disability Resources
2800 S. Lone Tree Road
Flagstaff, AZ 86005-2701
Phone 928-226-4323
FAX 928-226-4103

This document is to evidence the SALE of class notes to benefit a fellow student in the same class.

Provider's Full Name _____ CCC Student @000 ID _____ Contact number w/Area Code _____

Mailing Address _____ City/State/Zip Code _____ Email address _____

Preferred method of payment:

Direct Deposit (must have an acct set up for direct deposit) **Check by Mail** (will be mailed to address listed above)

Term	Course/Instructor	CRN#	Days/Time	Credits	Pay Scale	Amount
						\$
						\$
						\$
						\$
						\$ TOTAL

Please read the following information carefully:

I hereby certify that the information I have provided above is true and correct. I have read and agreed to the terms of the "Coconino Community College Disability Resources Note-taker Guidelines and Code of Ethics". I understand that this is for the sale of personal property (for class notes that I would be taking for my own benefit) and not payment for work performed. I also understand that this sale does not make me an employee of Coconino Community College.

*Pay scale is contingent on verification of completion of the onetime only online note-taker training. Payment is \$15.00/credit hour without training and \$20.00 credit hour with training. Payment for full or prorated term notes will be processed the week of final exams, and issued one to two weeks after the semester by check or Direct Deposit if available.

The dollar amount indicated above is for the purchase of a full term of class notes and the final payment amount may be pro-rated to the actual portion of the term for which class notes were provided. This purchase of class notes may be **cancelled** by email notification to the above provider by the Disability Resources Program.

Provider / Seller Signature _____ Date _____

Disability Resources Approval Signature _____ Date _____

Student Affairs Director or Vice President's Signature _____ Date _____