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Scribe/Reader Verification Form

Class:	Instructor:
Location:	
Student utilizing the scribe/reader:	Scribe/reader name:
<i>Below fill out the date and length of time the scribe/reader assisted the student.</i>	
Date/Time:	# of hours worked:

The scribe/reader must complete a W-9 form and return it to the Office of Student Affairs to ensure payment.

Signature of Instructor: _____ Date: _____

NOTE: Scribe/reader will receive \$10 per hour.