



**WILMINGTON**  

---

**UNIVERSITY**

**Scribe/Reader Verification Form**

Class:	Instructor:
Location:	
Student utilizing the scribe/reader:	Scribe/reader's 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.**