

REQUEST FOR TEXTBOOKS IN ALTERNATE FORMATS
Services for Students with Disabilities, 278-2811

STUDENT INFORMATION: Fourteen working days advanced notice required.
Receipt copy must be submitted before release of book.

Name: _____ Student ID: _____ Today's Date: _____

Contact Number: _____ Email: _____ Semester: _____ Year: _____

TEXTBOOK INFORMATION

*****Please provide information in all fields for each book request*****

1. Course: _____ Instructor Name: _____ Book Price \$ _____

Book Title: _____ ISBN: _____ Copyright: _____

Edition: _____ Author: _____ Publisher: _____

2. Course: _____ Instructor Name: _____ Book Price \$ _____

Book Title: _____ ISBN: _____ Copyright: _____

Edition: _____ Author: _____ Publisher: _____

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Book Title: _____ ISBN: _____ Copyright: _____

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Preferred File Application (if available): Word PDF Kurzweil MP3 RFB&D Braille

My text-to-speech/screen reader is: JAWS Kurzweil Natural Reader Not sure

PLEASE SUBMIT A SYLLABUS FOR EACH COURSE

Do you want the textbook read according to your class syllabus? Yes _____ No _____

OFFICE USE ONLY:

Request Received: _____