



Alternative Format Request - Textbooks

Agreement Section:

Name

Student ID @

Contact Phone Number

E-mail Address

- I agree that I am enrolled in the below semester and course for which I am requesting the alternative format instructional materials.
- I have provided the Accessibility Services Program Administrator with appropriate documentation of my disability. I understand that this documentation will be kept on file at the college.
- I understand that I must provide proof of purchasing the textbook to Accessibility Services.
- I agree that the alternate format materials I receive will be used solely for my own educational purposes, and I will not copy or reproduce the alternatively formatted materials in any form nor allow anyone else to do so, pursuant to the Copyright Revision Act of 1976 as amended (17 USC §101 et seq.).
- I will not share the alternatively formatted materials with any other party.
- I agree to make all requests for alternate formatted materials in a timely fashion due to the time required to process my request and obtain requested materials. Accessibility Services will make every attempt to honor late requests; however, materials may not be available for the start of the semester.
- I agree to return materials to Accessibility Services by the last day of final exams in the semester the materials were requested.
- Before receipt of materials, this agreement must be signed by the student and kept on file for each book the student is requesting in an alternate format.

I have read and understand the policies and procedures outlined above and agree to comply with them.

Signature of Student

Date

Books Requested:

Course Name (ENG 101) _____

Semester: Fall/Spring/Summer 20 _____

Professor Name _____

Receipt (purchase/rental) Attached: **yes/no**

Title/Edition		
Author/Publisher		
ISBN #		
Format Requested	DOC/ PDF / XML	Other: _____

<i>For AS Office Use Only</i>	
Date Obtained by AS	
Date Completed/Picked-up	AS _____ Student initial & date _____

****Please type or print legibly; forms which cannot be read will not be processed.**

Course Name (ENG 101) _____ Semester: Fall/Spring/Summer 20 _____
 Professor Name _____ Receipt (purchase/rental) Attached: yes/no

Title/Edition	
Author/Publisher	
ISBN #	
Format Requested	DOC/ PDF / XML Other: _____
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