

1. Student Information:

Name: _____

Student ID: _____

2. Requested Format(s):

- PDF
- Microsoft Word
- Braille
- Large Print
- Audio
 - Preferences: Voice: _____ Speed: _____ Pitch: _____

3. Materials Use Agreement:

I agree to use the formatted materials solely for educational purposes, and I will not copy, distribute, or share the format for use by others.

Student Signature: _____ Date: _____

4. Permissions: (Please read and sign *one* of the options below.)

- A. I give The Office of Disability Services permission to cut the binding of my text book** in order to fulfill my alternative format request. I do this with the knowledge that it may take between 7-10 business days to complete my request. In addition, I understand there is no guarantee the bookstore will purchase my book back after it has been cut and re-bound.

Student Signature: _____ Date: _____

OR

- B. I do not give The Office of Disability Services permission to cut the binding of my textbook.** I prefer to wait for the publisher to provide (ODS) The Office of Disability Services with the textbook materials. I understand it may take between 5-7 weeks for ODS to receive the materials which is outside of the office's control. Additional time will be needed to reformat the materials once ODS receives them from the publisher.

Student Signature: _____ Date: _____

Staff in order to process an alternative format request ODS needs the following items:

- Textbook Hard Copy
- Proof of Purchase OR Rental Agreement
- Signed Materials Use Agreement (See Section 3)
- Signed Permission (See Section 4)

			Staff Only			
Course #	Book Title	*ISBN # (10 or 13)	Date Requested	Purchase Verified	Date HC Pick Up	Date CD Pick Up
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Course #	Book Title	*ISBN # (10 or 13)	Date Requested	Purchase Verified	Date HC Pick Up	Date CD Pick Up
Course #	Book Title	*ISBN # (10 or 13)	Date Requested	Purchase Verified	Date HC Pick Up	Date CD Pick Up
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