

Accommodations, Advocacy and Accessibility

Office of Disability Services for Students

REQUEST FOR ALTERNATIVE FORMAT TEXTBOOK

Please complete this form and submit it to the DSS Office for approval with a copy of your textbook receipt:

Student Name: _____ CCRI ID Number: _____

Email: _____ Phone: _____

Course: _____ Instructor Name: _____

Book Title: _____

Author: _____ Edition: _____

Publisher: _____ Copyright: _____

ISBN # (This information is usually located on the first few pages in the front of the book or on the textbook's back cover at the bottom.):

Publisher's Web Address: _____

Where did you purchase the book: _____ Price: _____

Format requested: PDF file Word file Other _____

For Use as: KESI file Jaws MP3 player Other _____

- I certify that I have purchased the aforementioned text.
- I will not loan out or make copies of the alternative format text.
- I acknowledge that the DSS office may not edit or revise alternative format text due to issues within conversion process. I am accepting the text as is, with no formal editing.

I have read and understand the above statements, and I assume full responsibility for this text and agree to the aforementioned terms.

Student Signature: _____ **Date:** _____

Approved By: _____ **Campus:** _____ **Date:** _____

FOR OFFICE USE ONLY:

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|--------------------------------|----------------------------|
| 1. Requested by student: _____ | 4. Student notified: _____ |
| 2. Ordered: _____ | 5. Picked up: _____ |
| 3. Received: _____ | 6. Confirmation#: _____ |