ALTERNATE FORMAT AGREEMENT FOR SERVICES

Name:	L#:
Telephone: (home)	(cell)
OK to leave message identifying the	caller as Disability Resources: CYes ONo
E-Mail address:	
 The process of converting mate business days to complete. 	rials to alternate format can take 5 to 15
I understand and agree to abide agreements stated in the front	of textbooks and materials.
 I agree not to copy, distribute, o me by Lane Community Colle 	r sell any reformatted material provided to ge Disability Resources.
excellent condition. I understa	er materials for reformatting. They will be in not that documents with "dog-eared" pages, tten notes may not be accepted (will not scan
	ved for scanning and then the text will be re- fore it is returned to me. I understand that I not be re-bound.
	onsible for any damage to the original
 Original materials will be recycle term. 	ed if not reclaimed by the last day of the
Disability Resources office in o	ole for returning reformatted material to the good condition by the last day of the term.
 If I receive materials electronica from my computer or other ele 	lly, I am responsible for deleting the files ectronic device.
-	olete and submit a Production Request to m for each item I would like to have
By typing my name below, I agree conditions.	
	of this agreement for your records.)
Student Signature:	Date:

Staff Signature: _____ Date: ____