

Disability Resources Alternate Format Production Request

Name: _____ Term: Date: _____

L#: _____ Email Address: _____

Telephone: (home) _____ (cell) _____

OK to leave message identifying caller as Disability Resources: ☐ Yes ☐ No

Class: _____ CRN#: _____ Publisher: _____

Title: _____

Author: _____

Edition: _____ Year: _____ ISBN# _____

Are you leaving materials for us to process? ☐ Yes ☐ No

IF NO: Student presented a copy of the book/materials being requested _____
(staff initials/date)

IF YES:

(Pick One): ☐ Textbook ☐ Syllabus ☐ Handout(s) ☐ Test or Quiz

Is it NEW? ☐ Yes ☐ No

If NO describe the condition: (dog-eared pages, yellow highlighter marks, etc.)

- Bindings will be removed for processing and the text will be rebound using a coil type binding.
- All reformatted materials will be sent electronically unless other arrangements have been made with the Alternate Format Staff.
- Original materials will be discarded if not picked up by the end of the term.
- DR is not responsible for damage to materials in the reformatting process.

Notes to the Alternate Format Staff:

By typing my name below, I am verifying/agreeing to the information above.

Student Signature: _____

Notes to student from Alternate Format Staff:

I received my original materials from Disability Resources.

Student Signature: _____ Date: _____