Alternate Format Request Form

Date: _____

Information about our book:

Title: ____________________________________________________________
Author: __________________________________________________________
ISBN: ___________________________________________________________

Information about your project:

School: ___________________________________________________________________
Semester: __________________________________________________________
Course: __________________________________________________________________

Requester Information:

Name: __________________________________________________________________
School Name: _________________________________________________________
School Address: _______________________________________________________ 
Phone #: ___________________ Email Address: ______________________________

Student given the Work must have professional documentation of his/her disability on file at the University and must be professionally approved for alternative format books, specifically books in electronic text, as an accommodation for their disability.