# Alternative Course Materials Request Form

*We have included two examples of an Alternative Course Material Request Form that you should customize to fit your needs. Review this form with your student and offer to help them to begin to complete it. When they have given it to the DSO, keep a copy in their file. You may need to share this information with a publisher in order to secure a text.*

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**Alternative Course Materials Request Form**

## Copyright notice:

This alternate format text is copyrighted and may not be reproduced or distributed in a format other than a specialized format exclusively for use by persons with disabilities. Any further reproduction is an infringement.

## Student Rules:

1. The student must currently be registered for a class that requires the use of this text.
2. The student will not copy or reproduce any of the alternate format texts.
3. The student will submit a copy of a receipt or other proof of purchase for the text before receiving the alternative format.
4. The student is aware that the Disability Services Office cannot chop rented books or books that are not owned by the student, however, scanning is now possible.
5. The student is aware that they should delete any copies of the files after they return, sell, or otherwise lose access to the hard copy of the text.

By signing below I certify that I have read and will abide by the copyright notice and student rules.

Student name Phone number

Email Student ID number

Signature Date

Please list all books you wish to have made into an alternative format on reverse.

Total # of books: \_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Author: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Author: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(IHE Name)* provides reasonable accommodations for students with documented disabilities. The following policy and procedures ensure the integrity of services and compliance with pertinent laws and apply to all course materials obtained in alternative formats through the Disability Services Office. Please read through the following policy and procedures carefully prior to submitting your alternative course material request(s).

By signing this agreement the student, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agrees to the following:

* I am a registered student with the DSO.
* I have requested materials in a timely manner and have adhered to institutional deadlines.
* I understand that the DSO will not provide alternative formats until I have provided proof of purchase for the materials I am requesting.
* I will not copy, share or reproduce these materials in accordance with the United States copyright laws.
* I have provided complete and accurate information for each publication requested.
* I understand that any incomplete or inaccurate information may delay the delivery of materials by up to 2 weeks.
* I understand that my original material(s) may be altered in the production process (i.e. removal of binding).

This agreement is made between the student, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and (*Institution name*) the Disability Services Office. I certify that I have read, understand and received a copy of the policies and procedures stated above and agree to abide by them.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature Date

Please provide the following information for each text that you are requesting in an alternative format. Incomplete information may cause a delay in getting you the text you need. Attach your receipts to this document. Please note, we cannot provide you with an alternative format of your text until we receive a copy of your paid receipt.

**Semester text is needed for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Last name:**  | **First name:**  | **Student ID #:**  | **Email:** | **Phone #:** |
|  |
| Course: | Instructor: | Location of purchase/price: |
| Complete Title: | ISBN: |
| Author: | Publisher: | Edition: | Copyright Year: |
| Course: | Instructor: | Location of purchase/price: |
| Complete Title: | ISBN: |
| Author: | Publisher: | Edition: | Copyright Year: |
| Author: | Publisher: | Edition: | Copyright Year: |