



Alternate Format Request Form

If you are a student who has a verified disability that prevents you from using standard instructional materials, please fill out this request and agreement for the electronic file required. You must include proof of purchase along with this request in the form of an official receipt. Also, please ensure that you complete the Verification and Agreement Form in full.

Although we make every effort to accommodate your request, please understand that depending on the Publisher, it may take from 1 to 6 weeks for you to receive the electronic file.

Date of Submission:
Student Name:
Student Number:
Phone Number:
Email:
Type of file Audio or Text:
Text Format PDF or Word:
Platform PC or Mac:
FOR OFFICE USE ONLY
Total Number of Requests:
Library (Electronic):
Scanned:
Aero:

Verification and Agreement

I verify and agree that:

1. I have purchased the above named printed work(the“Title”)
2. I am registered to take or attend the above course requiring the use of the Title.
3. I have a disability that prevents me from using the Title.
4. The request is made or supported by the Manager of Student Accessibility Services or other appropriate school official.
5. The Title has been determined to be essential to the successful completion of the course.
6. I will not use or further distribute or copy the electronic files for the Title for any other purpose.
7. In using the electronic files provided by the Publisher, I will abide by the Copyright Law and the applicable code of conduct and policy of the requestor’s school.
8. The Publisher owns all rights to the Title, including copyright. I have only the right to use the electronic files for the purposes set forth in this request.

This file is being provided for use by one student with a disability who is the specific subject of this request. You agree not to otherwise reproduce, use, sell, transmit, publish, broadcast, or otherwise disseminate or distribute the file (or any version modified for accessibility purposes) to anyone, including but not limited to other students with a disability at your or any other institution, others in the same company, school, college or other organization, whether or not for a charge or other consideration, including but not limited to use in connection with the sale, retransmission, distribution, publication, broadcasting, circulation or other dissemination, for any purpose, whether commercial or otherwise, without the express prior written permission of the Publisher.

Please read the following statement. By signing and dating this form, you have made the following agreement:

I verify that the above answers and verifications are complete, true and correct and that by submitting this request and receiving the requested electronic file, I am agreeing to abide by these terms.

Signature

Date

Please complete in full for each Alternate Format Text Request.

Book Title 1:
Author:
Edition:
Publication Date:
Publisher:
ISBN Number:
Purchase Date:
Purchase Location:
Amount Paid:
Course Name/Code/Section:
Professor/Instructor:
FOR OFFICE USE ONLY
Type of File:
Date Notified:
Date Received:
Student Signature (if applicable):

Book Title 2:
Author:
Edition:
Publication Date:
Publisher:
ISBN Number:
Purchase Date:
Purchase Location:
Amount Paid:
Course Name/Code/Section:
Professor/Instructor:
FOR OFFICE USE ONLY
Type of File:
Date Notified:
Date Received:
Student Signature (if applicable):

Book Title 3:
Author:
Edition:
Publication Date:
Publisher:
ISBN Number:
Purchase Date:
Purchase Location:
Amount Paid:
Course Name/Code/Section:
Professor/Instructor:
FOR OFFICE USE ONLY
Type of File:
Date Notified:
Date Received:
Student Signature (if applicable):

Book Title 4:
Author:
Edition:
Publication Date:
Publisher:
ISBN Number:
Purchase Date:
Purchase Location:
Amount Paid:
Course Name/Code/Section:
Professor/Instructor:
FOR OFFICE USE ONLY
Type of File:
Date Notified:
Date Received:
Student Signature (if applicable):

Book Title 5:
Author:
Edition:
Publication Date:
Publisher:
ISBN Number:
Purchase Date:
Purchase Location:
Amount Paid:
Course Name/Code/Section:
Professor/Instructor:
FOR OFFICE USE ONLY
Type of File:
Date Notified:
Date Received:
Student Signature (if applicable):

Book Title 6:
Author:
Edition:
Publication Date:
Publisher:
ISBN Number:
Purchase Date:
Purchase Location:
Amount Paid:
Course Name/Code/Section:
Professor/Instructor:
FOR OFFICE USE ONLY
Type of File:
Date Notified:
Date Received:
Student Signature (if applicable):

Book Title 7:
Author:
Edition:
Publication Date:
Publisher:
ISBN Number:
Purchase Date:
Purchase Location:
Amount Paid:
Course Name/Code/Section:
Professor/Instructor:
FOR OFFICE USE ONLY
Type of File:
Date Notified:
Date Received:
Student Signature (if applicable):

Book Title 8:
Author:
Edition:
Publication Date:
Publisher:
ISBN Number:
Purchase Date:
Purchase Location:
Amount Paid:
Course Name/Code/Section:
Professor/Instructor:
FOR OFFICE USE ONLY
Type of File:
Date Notified:
Date Received:
Student Signature (if applicable):

Book Title 9:
Author:
Edition:
Publication Date:
Publisher:
ISBN Number:
Purchase Date:
Purchase Location:
Amount Paid:
Course Name/Code/Section:
Professor/Instructor:
FOR OFFICE USE ONLY
Type of File:
Date Notified:
Date Received:
Student Signature (if applicable):

Book Title 10:
Author:
Edition:
Publication Date:
Publisher:
ISBN Number:
Purchase Date:
Purchase Location:
Amount Paid:
Course Name/Code/Section:
Professor/Instructor:
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Type of File:
Date Notified:
Date Received:
Student Signature (if applicable):