

Disability Support Services

Alternative Format Book Request

Before requesting books, check if available for purchase directly in electronic format or available through Bookshare at www.Bookshare.org.

Name: _____ Date: _____

Student ID: _____ Email Address: _____

Phone Number: _____ I am requesting books for _____ Quarter

Fill in all information for each book needed in alternative format.

Course 1: _____ Section: _____

Book 1: _____ Edition: _____ ISBN#: _____

Author(s): _____ Publisher: _____

Course 2: _____ Section: _____

Book 2: _____ Edition: _____ ISBN#: _____

Author(s): _____ Publisher: _____

Course 3: _____ Section: _____

Book 3: _____ Edition: _____ ISBN#: _____

Author(s): _____ Publisher: _____

Course 4: _____ Section: _____

Book 4: _____ Edition: _____ ISBN#: _____

Author(s): _____ Publisher: _____

Students must bring receipts to the DSS office when picking up e-books/pdf.

I agree not to use, sell, transmit, publish, broadcast or otherwise disseminate any version of this textbook which has been modified for accessibility purposes, to anyone without the prior written permission of the Publisher. Yes No