

Request for Classroom Materials in Alternative Format

Name: _____ Date of Request: _____

Do you need training in the use of these resources? Yes No

Requested Format? ____ Audio ____ Braille ____ Large Print ____ Other

How would you like to be notified when materials arrive? Phone: _____

E-mail: _____

Course & Section: _____ Professor: _____

Type of Material: ____ Book/Textbook ____ Handout ____ PowerPoint ____ Other

Title: _____

Author/Source: _____ Edition: _____

Availability: _____
(DSO Use Only)

Course & Section: _____ Professor: _____

Type of Material: ____ Book/Textbook ____ Handout ____ PowerPoint ____ Other

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Availability: _____
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(DSO Use Only)