



Disability Services Office

Request for Audio Books

Name: _____ Date of Request: _____

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

How would you like to be notified when materials are available?

Phone: _____

E-mail: _____

Course & Section: _____ Professor: _____

ISBN# _____ Title: _____

Author: _____

Edition: _____

Learning Ally Availability: _____ (DSO Use Only)

Course & Section: _____ Professor: _____

ISBN# _____ Title: _____

Author: _____

Edition: _____

Learning Ally Availability: _____ (DSO Use Only)

Course & Section: _____ Professor: _____

ISBN# _____ Title: _____

Author: _____

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