



Alternate Text Format Request Form

Complete this form in its entirety and return to the Disability Resource Office with both the text book(s) and the receipt to show proof of purchase. Your receipt will be photocopied and returned to you.

Student's Name: Date:
RUID# Phone Number:

Title of Book:
Author(s):
Edition:
Volume:
Name of Publisher:
ISBN #
Please allow 10 business days to fulfill this request. You must leave your text with us for 48 hours.

I understand that in order to provide me an alternate copy of my text the DRO will unbind my book, scan it and return it to me with a comb binder. Student Signature

DRO USE [] CD [] publisher [] other

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Author(s):
Edition:
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