

Disability Support Services

Alternative Format Request Form

Name: _____ Date: _____

CUA E-Mail: _____

Phone Number: _____

Format:

PDF <input type="checkbox"/>	ePub <input type="checkbox"/>	Daisy <input type="checkbox"/>	Microsoft Word <input type="checkbox"/>
MP3 <input type="checkbox"/>	KESI <input type="checkbox"/>	Enlarged Print <input type="checkbox"/>	Braille <input type="checkbox"/>

eMail completed form to: CUA-ALTFORMATS@cua.edu with purchase receipts attached or bring form and copies of receipts to the DSS office. Bring books to DSS only if requested to do so by DSS staff.

All books will be processed in order based upon the date forms are received and the order listed on this form. If you do not provide DSS with a course syllabus, the books will be added to the end of the list.

AGREEMENT

By my signature below, I agree that the materials provided to me by DSS will not be duplicated in any format or used by anyone other than myself. If the book is a rental, I will destroy the electronic version at the end of the rental period. In the event that my books must be acquired from an outside source, I grant DSS permission to release information about me in order to receive these books. By signing this form, I am also confirming that I have read and understand the Alternative Format Process <http://dss.cua.edu/Getting%20Started/altformats-conversion.cfm>.

Signature: _____ Date: _____

