

Altemate Text Format Request Form

Complete this form in its <u>entirety</u> and return to the Disability Resource Office. Incomplete forms will not be accepted. Notify DRO of any changes in class schedule which may affect your book request.

Include the following with your request:

- Textbooks (required/recommended) or any course material requesting to be converted
- Proof of Purc hase

Allow 10 business days to fulfill this request. You must leave your text with us for at least 2 full business days.

| Student's Name: | Da te : |
|------------------------|---------------|
| RUID# | Phone: |
| RU Em a il: | Se m e ste r. |
| | |
| Title of Book: | |
| Course (ex: HLTH 200): | |
| Author(s): | |
| Ed itio n: | |
| Name of Publisher: | |
| ISBN # | |
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| ISBN # | |

Re vise d: 7/25/2014

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| Ed itio n: | ı | |
| Name of Publisher: | ı | |
| ISBN # | | |
| I understand that in order to provide me an alternative copy of my text the DRO may unbind the book, scan it and will return it to me with a comb binder. | | |
| Student Signature Date: | | |

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