

Alternate Textbook Request Office of Disability Services/Testing

Student name:								
E-mail:			Phone number	er:				
Title of text:								
Author(s):			Publisher:					
ISBN#:	N	Number of pages: _		Price:		Edition:		
Semester:	☐ Fall	☐ Spring	☐ Summer	Year:				
Format preferred:	☐ Electronic	☐ Audio						
☐ Course syllabus att	tached							
Note: This accommod : plan ahead. The sooner soon enough for your cl documentations attache	you submit your reass. It is important	equest (with all re	quired materials	attached), the more	e likely you are	to get yo	our material	
You are approved for th alternate text:	is accommodation	based on the doc	umentation we h	ave on file. Below	are the steps fo	or obtaini	ng	
1. You should regis					io format).			
a. Once you 2. Each semester , o	register with then	•	_		106 046	•		
c. The text's 4. If the text is not a The process we u a. You must b. You must c. Disability d. Disability e. After con i.	gs for the Blind & spublishing compavailable through the supply the book. It supply a syllabus of Services will removering your text, Note: Because we to the bookstore.	Dyslexic (if you any hese agencies, Disyour text(s) to alto so we can prioritinove the binding ad an e-mail to you we will return the e will be removing	are registered wire sability Services ernate media is as ze which section and convert the tear ENMU accoun- original to you.	th them) can convert your to s follows: as of text to process	ext after alerting a first. e text are ready	g you thr	ough e-mail ip.	
Please inform us if you	. •			a motorial				
The use of alternate tex or you will be charged t	t format is a privile the cost of the mate	ege. The requested erial plus the cost	l format belongs of production wh	to ENMU and must here applicable. Le	t us know if yo	u have ar	ny questions.	
My signature below ind account will be charged					the material, o	r my Uni	versity	
Student signature:			Date:					
Staff signature:					Date	e:		
Staff Only: Staff Note	es:			Approved/Ava	ailable format:	□ E	☐ DA	
Date request complete	d:	Staff:	Date mate	erial is received:		Staff:		
Date material is formati	ted:	Staff:	Date stude	ent is contacted:		Staff:		

Date picked up: ______ Staff: _____ Date material returned to SDRC: _____ Staff: _____

Available in alternative format upon request

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