

Office of Specialized Services & Supplemental Instruction**Alternate Format Request Form**

Date of Request: _____

Semester: FI: _____ Sp: _____ Sum: I _____ II _____ Winter: _____

1. Your Name:
2. Your E-mail and Phone Number:
3. Class Title:
4. Instructor's Name:
5. Title of Book:
6. Edition of Book:
7. Author's Name:
8. Publisher's Name:
9. ISBN #:
10. FORMAT REQUEST:

PLEASE NOTE: Students must present **proof of purchase** for **each textbook** upon submission of this request. Failure to present proof of purchase will delay the completion of your request.

For Office Use Only:

Request made by OSS/SI on _____ File received by OSS/SI on _____