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| 1. *Student Information:*
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| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. *Requested Format(s):*

□ PDF

 □ Microsoft Word

 □ Braille

 □ Large Print

 □ Audio

* Preferences: Voice: \_\_\_\_\_\_\_\_\_\_ Speed: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_ Pitch: \_\_\_\_\_\_\_\_\_\_
1. *Materials Use Agreement:*

I agree to use the formatted materials solely for educational purposes, and I will not copy, distribute, or share the format for use by others.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. *Permissions: (Please read and sign* ***one*** *of the options below.)*
2. ***I give The Office of Disability Services permission to cut the binding of my text book*** in order to fulfill my alternative format request. I do this with the knowledge that it may take between 7-10 business days to complete my request. In addition, I understand there is no guarantee the bookstore will purchase my book back after it has been cut and re-bound.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OR**

1. ***I do not give The Office of Disability Services permission to cut the binding of my textbook.*** I prefer to wait for the publisher to provide (ODS) The Office of Disability Services with the textbook materials. I understand it may take between 5-7 weeks for ODS to receive the materials which is outside of the office’s control. Additional time will be needed to reformat the materials once ODS receives them from the publisher.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Staff* in order to process an alternative format request ODS needs the following items:

□ Textbook Hard Copy

□ Proof of Purchase OR Rental Agreement

□ Signed Materials Use Agreement (See Section 3)

□ Signed Permission (See Section 4)

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|  | **Staff Only**  |
| Course #  | Book Title | **\*ISBN # (10 or 13)** | Date Requested | Purchase Verified  | Date HCPick Up | Date CDPick Up |
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