

Alternate Format Request

Contact Information

Date: _____ Semester: _____

Name: _____ ID#: _____

Phone: _____ Email: _____

Preferred Contact Method:

Phone

Email

Format Request (Choose one):

Braille

Note: When requesting braille indicate if you will be needing the following:

Chapters

Glossary

Index

Appendices

Kurzweil

Large Print

MS Word

PDF

TXT/Plain Text

Kurzweil Software

Do you have consistent internet access?

Yes

No

Do you know how to use Kurzweil?

Yes

No

Would you like Kurzweil training?

Yes

No

Note: When requested educational materials are completed, items will be uploaded to your Kurzweil accounts (Universal Library) in the Private Folder.

Acknowledgement

By signing you agree that all information is correct and accurate.

Signature: _____ Date: _____

Book Information	
Course Name	
Instructor Name	
Book Title	
ISBN 10	
ISBN 13	
Publisher	
Copyright	
Edition	
Author	
Book Information	
Course Name	
Instructor Name	
Book Title	
ISBN 10	
ISBN 13	
Publisher	
Copyright	
Edition	
Author	
Book Information	
Course Name	
Instructor Name	
Book Title	
ISBN 10	
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Instructor Name	
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