



Alternative Text Request Form

Name: _____ SHU ID#: _____

E-mail: _____ Phone: _____

Course Number & Title: _____ Instructor: _____

Title of Text: _____

Author: _____ Publisher: _____

ISBN#: _____ Copyright year: _____ Chapters/Pages: _____

Semester: _____ Fall _____ Spring _____ Summer Year: _____

Format Preferred: Electronic (MS Word /PDF/ Text document) Audio

In consideration of the provision of textbooks and course materials in alternative text formats, Student acknowledges and agrees to the following:

- I agree to research the availability of this alternative text on websites including: Bookshare.org, Learningally.org, and other commercially available options.
I understand that I must document a qualifying disability.
I understand that I must own a physical copy of all materials requested in alternative format.
I understand that I must be currently registered and enrolled in the particular class(es) for which I am requesting alternatively formatted materials.
I agree not to copy or reproduce alternatively formatted materials, nor allow anyone else to do so.
I understand that I assume all risk for damage to or loss of materials while they are signed out to me.
I agree to return all materials to Disability Support Services promptly upon completion of the semester.
I understand that failure to adhere to these regulations may be considered a violation of federal and/or state laws and may result in civil or criminal prosecution, payment of fines or other monies to the copyright holder, and/or incarceration.
I agree to submit my request(s) in a timely manner. I understand that procurement of alternative texts may take up to 6 weeks. To ensure availability of materials, I agree to submit my request(s) as soon as my textbook information is available. I understand DSS will diligently work to honor all requests, but late requests may not be fulfilled by the time materials are needed.

Before receipt of materials, this agreement shall be signed by the student and the designated university official and kept on file.

I have read and understand the policies and procedures outlined above and agree to comply.

Student CWID Date

DSS Representative Date

Office Use Only:

_____ Course Syllabus Attached _____ Proof of Purchase (date, location, & amount paid)