

# Alternative Media Request Form

Please complete and return this form to the Disability Resource Center 6 weeks prior to the semester needed.

Student's Name

Semester and Year

Date Received in DRC

|    |                        |           |                   |         |
|----|------------------------|-----------|-------------------|---------|
| 1. |                        |           |                   |         |
|    | Course Name and Number |           | Instructor's Name |         |
|    | Book Title             |           | ISBN #            |         |
|    | Author(s)              | Publisher | Copyright         | Edition |
|    | DRC Notes:             |           |                   |         |

|    |                        |           |                   |         |
|----|------------------------|-----------|-------------------|---------|
| 2. |                        |           |                   |         |
|    | Course Name and Number |           | Instructor's Name |         |
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|    |                        |           |                   |         |
|----|------------------------|-----------|-------------------|---------|
| 3. |                        |           |                   |         |
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| 4. |                        |           |                   |         |
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