Alternate Text Request Form

Western Nevada College – Disability Support Services

Student Name: _______________________________ Date: __________

Semester & Year: ___________________________

Phone: __________ Email: ___________________________

Preferred contact (circle one): Phone Email Both

Format Requested (circle one):

MP3/audio files RFB&D Enlarged Text Other

Textbook Information

Title:

Author(s):

Publisher:

Copyright:

ISBN 13 digit:

Class/Instructor:

Title:

Author(s):

Publisher:

Copyright:

ISBN 13 digit:

Class/Instructor:
Contact Information

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PHONE: 775-445-3266

FAX: 775-445-3149

I understand DSS will make every effort to provide materials in the format I request, but that it may be necessary to receive materials in the alternative format currently available. I understand DSS must receive the course text(s) and other materials at least 4 weeks before they are due in order to ensure ample time for preparation and timely return of the materials. I understand I may request prior to purchasing the publication yet must have proof or purchase before picking up the Alternate Text. I understand these materials are not for resale and may not be copied or shared in any form. Violation of the Copyright Law and Signed agreement could have direct consequences to the future use of the Alternate Text program.

My signature below indicates that I agree with the terms above and will comply.

Student Signature: ___________________________ Date: ______________

Revised 06/07/10