



ALTERNATE TEXT REQUEST FORM

Western Nevada College – Disability Support Services

Note to Student: Unless we have the book in our database, processing time is approximately 2 weeks

Student Name: _____ Phone Number _____ Date: _____

Title _____ Author: _____

Edition: _____ ISBN: _____

Title: _____ Author: _____

Edition: _____ ISBN: _____

Title: _____ Author: _____

Edition: _____ ISBN: _____

Title: _____ Author: _____

Edition: _____ ISBN: _____

Circle the preferred format:		
MP3 –Audio CD	RFB&D/ CD	Other: _____
*I have checked out equipment from DSS:	Yes	No

_____ I understand these materials may not be copied or shared in any form.

_____ I understand that I must purchase the required textbook(s) in order to receive this service.

Violation of this Copyright Law and signed agreement will have direct consequences to future use of the Alternate Text program.

*I understand that I am responsible for the Audio or RFB&D equipment I have checked out and it must be returned in good condition otherwise a HOLD will be placed on my academic records.

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

Signature

Date