



C U Y A M A C A
· C O L L E G E ·

Disabled Students Programs & Services

Request for Alternate Media Format

Year: _____ Fall Winter Spring Summer

Date: _____

Student Name: _____ Student ID#: _____

Student Phone #: _____ Student Email: _____

Permission to Disassemble: Yes No

DSP&S Signature: _____
(Verify Accommodations)

Book Information

#1

Course Title: _____

Course and Section #: _____

Book Title: _____ Edition: _____

Author: _____ Publisher: _____

ISBN#: _____ Syllabus/Chapters/Pages: Yes: _____ No: _____

Format Preferences:

Audio/RFB&D E-text Large print Braille Other

#2

Course Title: _____

Course and Section #: _____

Book Title: _____ Edition: _____

Author: _____ Publisher: _____

ISBN#: _____ Syllabus/Chapters/Pages: Yes: _____ No: _____

Format Preferences:

Audio/RFB&D E-text Large print Braille Other

** If you have questions regarding ordering the above in alternate media format, call (619) 660-4394

#3

Course Title: _____

Course and Section #: _____

Book Title: _____ Edition: _____

Author: _____ Publisher: _____

ISBN#: _____ Syllabus/Chapters/Pages: Yes: _____ No: _____

Format Preferences:

Audio/RFB&D E-text Large print Braille Other

_____: I have purchased or own a physical copy(ies) of each of the above listed textbook(s) or other material(s)

Student Signature: _____ Date: _____

High Tech Center Office Use Only					
Large Print		Audio	E-Text	Braille	Other
____ Font Size		<input type="checkbox"/> RFB&D <input type="checkbox"/> mp3 <input type="checkbox"/> wav <input type="checkbox"/> Daisy <input type="checkbox"/> kesi <input type="checkbox"/> Other	<input type="checkbox"/> rtf/.doc <input type="checkbox"/> pdf <input type="checkbox"/> txt	<input type="checkbox"/> Duxbury _____ Grade	<input type="checkbox"/> Tactile <input type="checkbox"/> PIAF
____ Enlargement %					
Source		Date Ordered	Date Received	Student Contacted	
	Yes	No			
RFB&D	<input type="checkbox"/>	<input type="checkbox"/>			1.
ATPC	<input type="checkbox"/>	<input type="checkbox"/>			2.
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Comments:					

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