

# Disability Support Services

## Request for Alternate Media Format



Please take completed form to the DSS HTC in Room 421 for request to be processed.

\*\* To request this material in alternate media, please call voice (619) 482-6512 or VP (619) 207-4480

Year:	Fall	Winter	Spring	Summer
Student Name:	_____			Student ID#: _____
Student Phone #:	_____			Student Email: _____
Specialist Name:	_____			Date: _____
Specialist Signature:	_____			

### 1. Book Information

Audio	Large print	E-text	Braille	Other	Other	
Book Title:	_____			Edition: _____		
Author:	_____			Publisher: _____		
ISBN#:	_____			Syllabus/Chapters/Pages: _____	Yes	No
Course and Section #:	_____					

#### High Tech Center Office Use Only

Database _____	Downloaded _____	Student Received: _____
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### 2. Book Information

Audio	Large print	E-text	Braille	Other	Other	
Book Title:	_____			Edition: _____		
Author:	_____			Publisher: _____		
ISBN#:	_____			Syllabus/Chapters/Pages: _____	Yes	No
Course and Section #:	_____					

#### High Tech Center Office Use Only

Database: _____	Downloaded _____	Student Received: _____
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### 3. Book Information

Audio	Large print	E-text	Braille	Other	Other	
Book Title:	_____			Edition: _____		
Author:	_____			Publisher: _____		
ISBN#:	_____			Syllabus/Chapters/Pages: _____	Yes	No
Course and Section #:	_____					

#### High Tech Center Office Use Only

Database: _____	Downloaded _____	Student Received: _____
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**Proof of Purchase**

Proof or purchase or ownership is required to process your request, please provide a copy of a receipt.  
\*Learning Ally does not require proof or purchase or ownership of books requested

I have purchased or own a physical copy(s) of each of the above listed textbook(s) / material(s) \_\_\_\_\_  
*Initials*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**High Tech Center Office Use Only**

<b>Large Print</b>	<b>Audio</b>	<b>E-Text</b>	<b>Braille</b>	<b>Other</b>
Font Size	mp3	.rtf/.doc	Duxbury	Tactile
	.wav	.pdf		PIAF
Enlargement %	Daisy	.txt	Grade	
	Other	kesi		

Date Requested: \_\_\_\_\_ Date Needed: \_\_\_\_\_

HTC Staff Name: \_\_\_\_\_ Date: \_\_\_\_\_