REQUEST FOR BOOKS IN AN ALTERNATE FORMAT
DISABILITY SUPPORT CENTER ~ SOUTHERN UTAH UNIVERSITY

Semester/Year __________________

Student’s Name ___________________________ T-Number ___________________________

Phone No ___________________________ E-Mail Address ___________________________

I prefer my books: □ on CD □ Other format: ________________________________

Please notify me by: □ Phone and/or □ E-mail when book media are available for me to use.

→NOTE: PLEASE DATE AND SIGN BELOW, AND READ AND SIGN THE OTHER SIDE OF THIS FORM.

Today’s Date ___________________________ Student’s Signature ___________________________

Request #1 - Course Title (Ex. Intro to Art) ________________________________

Course (Ex. ART 1010-02) ___________________________ Instructor ___________________________

Title/Edition/Author ________________________________

Request #2 - Course Title (Ex. Intro to Art) ________________________________

Course (Ex. ART 1010-02) ___________________________ Instructor ___________________________

Title/Edition/Author ________________________________

Request #3 - Course Title (Ex. Intro to Art) ________________________________

Course (Ex. ART 1010-02) ___________________________ Instructor ___________________________

Title/Edition/Author ________________________________

Request #4 - Course Title (Ex. Intro to Art) ________________________________

Course (Ex. ART 1010-02) ___________________________ Instructor ___________________________

Title/Edition/Author ________________________________

Request #5 - Course Title (Ex. Intro to Art) ________________________________

Course (Ex. ART 1010-02) ___________________________ Instructor ___________________________

Title/Edition/Author ________________________________

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