



Alternative Format Request Form (one form for each class)

Date: _____

Semester: _____

Name: _____

Student ID: _____

Email: _____

Phone: _____

ALL REQUESTS WILL BE PROCESSED ON A FIRST COME, FIRST SERVED BASIS.
FAILURE TO SUBMIT COMPLETED REQUEST FORMS WILL DELAY CONVERSION PROCESS.

Course Information:

Course (i.e. ENGL 1300.001): _____

Instructor: _____

Book Information:

Publisher: _____

Title of Book: _____

Author: _____

Edition: _____

Copyright: _____

ISBN: _____

(NOTE: if your request is a bundle or group of items with only one ISBN number on the outer packaging, you need to provide us with the specific ISBN that is inside the textbook.)

Student Alternative Format Agreement

The UNT Dallas Disability Services Office works to ensure that reasonable accommodations are provided for students who are eligible for services. In order to maintain the integrity of the services offered and stay within the letter of the law, the following procedures apply to students who use alternative formats:

1. The student must qualify as having a disability that is covered by 2 U.S.C. §135a; 46Stat.1487.
(Student's disabilities shall be verified by a competent authority.)
2. The student must own a physical copy of the textbook they are requesting in alternative format.
3. The student must currently be registered at the University of North Texas at Dallas at the time of the student's request for alternative formats.
4. The student will not copy, reproduce or distribute any of the specialized format texts, nor allow anyone else to do so.

Return completed and signed form to:

UNT Dallas Disability Services Office: Building 2 - room 204 or email to: UNTDdisability@untdallas.edu

I have read and understand the procedures listed above and will at all times adhere to these responsibilities.

Student signature: _____ Date: _____

DSO Signature: _____ Date: _____

Alternative Format Preference Details

* (Format Preferred: pdf; word: audio? _____)

(Format contingent upon availability, reasonableness of request and counselor approval)

* Preference checklist: Do you need the following:

Table of Contents; Introduction; Footnotes; References; Indices; Glossary; Appendices; figures, diagrams, and pictures described

* Other comments: _____

* Request is for the entire Book/Article: yes/no? _____

Preferred Delivery Method: Email, CD, other? _____

* Preferred delivery of files: CD, E-mail, Other _____

For Office Use Only

Syllabus Received: _____

Book Received: _____

Book Title: _____

Course #: _____

Assigned to: _____

Date: _____

Reader Picked-up: (sign and date) _____

Reader Returned: (sign and date) _____

Student Contacted: (sign and date) _____

Student Picked-up: (sign and date) _____

Return completed and signed form to:

UNT Dallas; Disability Services Office; 7400 University Hills; Bldg 2 Room 204 UNTDdisability@untdallas.edu