Alternative Textbook Request Form

Your Name: _____

Your ID number: _____

Your preferred format:

- ☐ **Learning Ally (DAISY)**
- ☐ **PDF**
- ☐ **Braille**
- ☐ **Enlarged Print**
- ☐ **MP3**
- ☐ **Kurzweil**
- ☐ **Word**
- ☐ **Rich text**
- ☐ **Plain Text**
- ☐ **Other:_____**

Course Dept./Name	**Course Number**	**Section Number**	**Instructor**