# 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** |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |