

Lehman College

Office of Student Disability Services

ALTERNATE FORMAT TEXTBOOK REQUEST FORM

Date: ____/____/_____

Student Name: _____

StudentTel: _____ email: _____

Requested by: _____

Course Title: _____

Course number: _____

Instructor: _____

Book Title: _____

Author(s): _____

Publisher: _____

Copyright Date: ____/____/_____

ISBN#: _____

Edition: _____

Where did you buy book? _____ Cost: _____

For Office Use Only:

Format requested: _____

This is a hierarchy of most preferred formats with the Full text Daisy most desirable and Desk Copy least desirable.

Full Text Daisy 3 Daisy Audio CD Daisy Audio file:

Accessible HTML Accessible Structured PDF Desk Copy

Microsoft Word

Order Date: ____/____/_____

Ordered from: _____ phone or email: _____

Expected delivery date: ____/____/_____ Actual: _____