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