

# ALTERNATIVE FORMAT REQUEST FORM

## SCANNING

TO BE COMPLETED BY STUDENT:

Student: \_\_\_\_\_

Local Phone #:(\_\_\_\_\_) \_\_\_\_\_

Request Date: \_\_\_\_\_

Course: \_\_\_\_\_ Section: \_\_\_\_\_

Instructor: \_\_\_\_\_

CAAR Coordinator: \_\_\_\_\_

Full Title of Text: \_\_\_\_\_

ISBN Number: \_\_\_\_\_ Book belongs to: \_\_\_\_\_

Author(s): \_\_\_\_\_



**NORTHERN ILLINOIS  
UNIVERSITY**

**CENTER FOR ACCESSABILITY RESOURCES  
DIVISION OF STUDENT AFFAIRS  
DEKALB, ILLINOIS 601152854  
(815) 753-1303 (VOICE)  
(815) 753-3000 (TTY)**

Please choose the format you would like to receive  
CIRCLE ONE

MS Word straight text    MS Word w/ page layout    MS Word w/ page layout w/ pictures    PDF    Text only    TIFF

Please put the **page numbers** or **chapters** that need to be completed for each week in the boxes and attach a syllabus:

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15

The student whose signature appears below has requested material ("the text") in an alternative format. The student agrees to all of the following:

1. The alternative format is for use only by the student in connection with a course in which he/she is registered. The course information is provided above.
2. The text is a required text for the course.
3. The student has a disability that prevents him/her from using only the print version of the text. Documentation is on file with the student's coordinator about this disability.
4. The text has been purchased by the student, and will be kept for the length of time the student uses the alternative format.
5. The student will use the alternative format in a specialized format solely for his or her own educational purposes.
6. The student will not copy or duplicate the alternative format for use by others.
7. CAAR may need to disclose the student's name and contact information upon request of the publisher.

This request is made in accordance with the Copyright Revisions Act of 1976, as amended (17 U.S.C. Sec. 101 et seq.).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>FOR CAAR USE ONLY:</b>	Entered into Database <input type="checkbox"/>		POP _____
	burned to CD date: _____		

### Student Signature for Pickup

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Pickup Pickup