



UNT Office of Disability Accommodation Alternative Format Request Form

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 Office of Disability Accommodation 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 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 form to: books.oda@unt.edu

UNT ODA • Sage Hall 167 • Union Circ. #310770 • 1155 Denton, TX 76203 • F 940.369.7969 • P 940.565.4323 • www.unt.edu/oda

I have read and understand the procedures listed above and will at all times adhere to these responsibilities.

Student signature: _____ Date: _____

ODA Signature: _____ Date: _____

Alternative Format Preference Details

* (Format Preferred: pdf; text; Braille; Enlarged print (size font?))_____

(Format contingent upon availability, reasonableness of request and counselor approval)

* Preference checklist: If requesting book in text or Braille format please indicate if 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? _____

* Scan/Read only these pages/chapters/sections: _____

* 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 form to: books.oda@unt.edu