Disability Services for Students (DSS) Alternative Text Format Request Form

Date: ______________________________

Name: ______________________________  ______________________________  ______________________________
   (Last)   (First)   (Middle)

Email: ____________________________________  @mail.bw.edu  Phone: ______________________________

BW ID#: ______________________________

Enrollment Status:  □ Full Time  □ Part Time  □ Transient  □ Not Enrolled

Class:  □ Freshman  □ Sophomore  □ Junior  □ Senior  □ Graduate Student

Major: ____________________________________  Minor: ____________________________________  □ Undeclared

*If not enrolled, expected start date:  □ Fall _____ (year)  □ Spring _____ (year)  □ Summer _____ (year)

All students need to register with the Disability Services for Students (DSS) Office and be approved for the accommodation of alternative text formats prior to submitting this request. DSS will provide alternative formats as quickly as possible, but planning for two to four weeks lead time is recommended for DSS to process your requests for accessible text. In order to receive files from publishing companies, DSS may in some instances need to disclose your BW ID number. All accessible materials will be provided in PDF format unless prior exception is requested and approved. When accessible materials are ready, DSS will make the materials available to the student. Students receiving these accessible materials are not permitted to share, distribute or copy the materials or otherwise violate copyright law. It is the responsibility of the student to inform DSS if they a) have dropped a course for which they’ve requested e-text, b) are encountering any difficulty with the accessible materials or technology, or c) are in a course where the professor has changed the required reading material after the request for e-text was made.

In order to receive free, accessible textbooks or course packets, DSS requires proofs of purchase. DSS will attempt to acquire an electronic version of the material through the publishing company. However, students may also schedule to bring in their materials so the bindings can be cut, the materials scanned and made accessible.

I understand and agree to abide by the above stated conditions and expectations.

Print Name ______________________________ Signature ______________________________ Date ______________________________

Instructor:  ______________________________  Course Number:  ______________________________  Course Name:  ______________________________

Check All That Apply to the Course:  □ Book  □ Course Packet  □ Handouts/Downloadable Files

PLEASE COMPLETE THE FOLLOWING SECTION FOR BOOKS ONLY:

Title:  ______________________________  Author(s):  ______________________________


Publisher:  ______________________________  Number of Pages:  ______________________________

FOR OFFICE USE ONLY:

Accommodation Request Alternative Format Request Complete  Proof of Purchase Received  ______________

Bookshare  Learning Ally  Access Text  Requested from Publisher  ______________________________

Available from Publisher  Yes  No  Date  Requested for Scan  Yes  No  Date  Request Completed  Yes  No  Date

Notes:  ______________________________
### instructor:  
Course Number:  
Course Name:  

Check All That Apply to the Course:  
- [ ] Book  
- [ ] Course Packet  
- [ ] Handouts/Downloadable Files  

**PLEASE COMPLETE THE FOLLOWING SECTION FOR BOOKS ONLY:**

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Notes:

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Please complete and submit this form to:
Disability Services for Students
Baldwin Wallace University
275 Eastland Road
Berea, Ohio 44017
Email: disability@bw.edu
Fax: 440.826.3832

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