



Office for Students with Disabilities eBook & Braille Request Form

Faculty Name _____

Course Name & Number _____

Course Term & Year _____

Title of Book _____

Author or Editor's Name _____

Publisher & Edition _____

Copyright Year _____ ISBN Number _____

Do you use PC or Mac computer? PC Mac

What format do you prefer? PDF Word Braille

Please send eBook in email to: _____

Please put eBook on USB drive I provide (describe:) _____

Terms and Conditions

- I understand that any alternate media provided to me by OSWD is solely for my own educational purposes, and I will not copy or duplicate them for use by others.
- I confirm I am registered for the classes for which I am requesting the materials to be converted to alternate media.
- I understand I will receive a confirmation receipt of my request within 48 hours, and this request may take up to 3 weeks to be completed.
- I understand I need to give the syllabus for each class to OSWD.
- I will notify OSWD if I plan to drop or have dropped my class.
- I will notify OSWD if there are any problems with eBook services.
- I understand OSWD will work with me to ensure appropriate accommodations are in place as this eBook request is being processed.
- I understand that I must abide by bookstore policies regarding the return of books and that, once I receive an eBook, the hard copy book will be considered a used book.

Student Name

Student ID Number

Student Signature

Date

Staff Name

Staff Signature

Date