

## Alternative Media Text Conversion Request

Student Information		
Name:		
Address:		
City:	State:	Zip Code:
UWW Email:		Semester: Fall Spring Winter Summer [Please Circle]
Student ID:	Phone Number:	
Course & Text Information	on	
Course Name:		OFFICE USE ONLY:
Class Number:	Section:	□ RFB&D □ Access Text
Start Date:	Professor:	☐ Permissions
Author:		☐ In House ☐ Placed on Stori (date)
Edition:	Copyright:	Notes:
Book Title		
Preferred Format		
□ Audio [Mp3]	□ Rental	Materials Pick-up
□ E-Text	□ Purchased	(Date)
□ Braille	[Please Check One]	
□ Large Print		Student Signature
□ Kurzweil [Stori Server]		

UW-Whitewater | Center for Students with Disabilities | Alternative Media 800 West Main Street, Whitewater WI 53190 | <u>Altmedcsd@uww.edu</u>
Andersen Library room 2002|262.472.4711| <u>www.uww.edu/csd</u>

[Submit additional requests on back]

## **Course & Text Information**

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☐ Kurzweil [Stori Server]		Student Signature
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	Section:	OFFICE USE ONLY:  RFB&D Access Text
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