UNIVERSITY OF WISCONSIN WHITEWATER
Center for Students with Disabilities

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

Course Name:

Class Number: **Section:**

Start Date: **Professor:**

Author:

Edition: **Copyright:**

Book Title

Preferred Format

- ☐ Audio [Mp3]
- ☐ E-Text
- ☐ Braille
- ☐ Large Print
- ☐ Kurzweil [Stori Server]

- ☐ Rental
- ☐ Purchased

[Please Check One]

OFFICE USE ONLY:

- ☐ RFB&D
- ☐ Access Text
- ☐ Permissions
- ☐ In House
- ☐ Placed on Stori _____ (date)

Notes:

Materials Pick-up _____
(Date)

_____
Student Signature

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

[Submit additional requests on back]

Updated: 7/19/13

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