

## **Alternative Course Material Request Form**

Suffolk University provides reasonable accommodations for students with documented disabilities. The following policy and procedures ensure the integrity of services and compliance with pertinent laws and apply to all course materials obtained in alternative formats through the Office of Disability Services. Please read through the following policy and procedures carefully prior to submitting your alternative course material request(s).

By signing this agreement the student, \_\_\_\_\_, agrees to the following:

- I am a registered student with the Office of Disability Services.
- I have requested materials in a timely manner and have adhered to institutional deadlines.
- I understand that the Office of Disability Services will not provide alternative formats until I have provided proof of purchase for the materials I am requesting.
- I will not copy, share or reproduce these materials in accordance with the United States copyright laws.
- I have provided complete and accurate information for each publication requested.
- I understand that any incomplete or inaccurate information may delay the delivery of materials by up to 2 weeks.
- I understand that my original material(s) may be altered in the production process (i.e. removal of binding).

This agreement is made between the student, \_\_\_\_\_\_, and Suffolk University's Office of Disability Services. I certify that I have read, understand and received a copy of the policies and procedures stated above and agree to abide by them.

Student's signature

Date

Office of Disability's signature

Date

If you have any questions, please contact the Office of Disability Services at (617) 573-8034.

Please provide the following information for each text that you are requesting in an alternative format. Incomplete information may cause a delay in getting you the text you need. Attach your receipts to this document. Please note, we cannot provide you with an alternative format of your text until we receive a copy of your paid receipt.

## Semester text is needed for: \_\_\_\_\_

| Last name:  |                    | First name:            | First name: |           | Suffolk ID #: |        | Email:            |                              | Phone #:                   |  |
|-------------|--------------------|------------------------|-------------|-----------|---------------|--------|-------------------|------------------------------|----------------------------|--|
|             |                    | 1                      |             |           |               |        |                   |                              |                            |  |
| Course<br># | Instructor<br>name | Complete title of text | Author(s)   | Publisher | Edition #     | ISBN # | Copyright<br>year | Location of<br>text purchase | Amount<br>paid for<br>text |  |
|             |                    |                        |             |           |               |        |                   |                              |                            |  |
|             |                    |                        |             |           |               |        |                   |                              |                            |  |
|             |                    |                        |             |           |               |        |                   |                              |                            |  |
|             |                    |                        |             |           |               |        |                   |                              |                            |  |
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|             |                    |                        |             |           |               |        |                   |                              |                            |  |

| Course<br># | Instructor<br>name | Complete title of<br>text | Author(s) | Publisher | Edition # | ISBN # | Copyright<br>year | Location of<br>text purchase | Amount<br>paid for<br>text |
|-------------|--------------------|---------------------------|-----------|-----------|-----------|--------|-------------------|------------------------------|----------------------------|
|             |                    |                           |           |           |           |        |                   |                              |                            |
|             |                    |                           |           |           |           |        |                   |                              |                            |
|             |                    |                           |           |           |           |        |                   |                              |                            |
|             |                    |                           |           |           |           |        |                   |                              |                            |
|             |                    |                           |           |           |           |        |                   |                              |                            |
|             |                    |                           |           |           |           |        |                   |                              |                            |

**NOTE:** It may take up to 2 weeks from the date the completed form and receipts are received to produce alternate format. Should you need your materials before ODS is able to get them to you, you may use the assistive technology lab and/or a student reader in ODS to assist you.

## Return this form and a copy of the book receipt to the Office of Disability Services 73 Tremont St., 9<sup>th</sup> floor; or fax to 617-994-6812; or email disabilityservices@suffolk.edu

For office use only:

| Entered in SAM: | Rec'd request & receipts: | Req'd file from pub: | Rec'd file from pub: | Notified student: |
|-----------------|---------------------------|----------------------|----------------------|-------------------|
|                 |                           |                      |                      |                   |