

## **Alternative Course Material Request Form**

integrity of services and compliance with pertinent laws and app	dents with documented disabilities. The following policy and procedures ensure the ly to all course materials obtained in alternative formats through the Office of d procedures carefully prior to submitting your alternative course material request(s)
By signing this agreement the student,	, agrees to the following:
<ul> <li>materials I am requesting.</li> <li>I will not copy, share or reproduce these materials in</li> <li>I have provided complete and accurate information for</li> <li>I understand that any incomplete or inaccurate information</li> </ul>	ve adhered to institutional deadlines.  Il not provide alternative formats until I have provided proof of purchase for the accordance with the United States copyright laws.
This agreement is made between the student, certify that I have read, understand and received a copy of the po	, and Suffolk University's Office of Disability Services. I blicies 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) 994-6820.

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 nam	ne:	First name:		Suffolk ID #:		Email:		Phone #:	
Course #	Instructor name	Complete title of text	Author(s)	Publisher	Edition #	ISBN#	Copyright year	Location of text purchase	Amount paid for text

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**NOTE:** It takes approximately 2-4 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 617-573-8034; or email mconnor@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: