



LOS MEDANOS COLLEGE

Application for Alternate Media Services

Please use one form per request

Student Name: Student id # Phone E-Mail Semester Course Name Course Section Instructor Title Author Publisher Publishing Date Edition ISBN # Copy of proof of purchase

Reading Speed

Desired Format: Large Print Braille Audio E-Text Closed caption

Reading Schedules

Table with 4 columns: Chapter, Date Requested, Chapter, Date Requested

Please allow adequate time for requests to be filled. Times vary by amount of material, complexity, and difficulty of translation into alternate media preference.

Student:

Material will be reproduced in an alternate format for use by print disabled student only. Further reproduction or distribution of this material is an infringement of copyright law...

I understand that this information should be considered confidential. The accommodations listed above are identified in Section 504 of the National Rehabilitation Act of 1973...

Student Signature Date

For office use only: AMX ATPC LMC Other Scan Eligible: Y N Finished Contacted: Y N Date Student Picked up J:\DSPS\Jim Kolthoff\AMS REQUEST FORM October 28 2005 Enter Job Y