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

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Please allow adequate time for requests to be filled. Times vary by amount of material, complexity, and difficulty of translation into alternate media preference. If you have any questions or concerns, please contact James Kolthoff at (925) 439-2181 ext. 3279.

Student:
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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 Americans with Disabilities Act, which deals with non-discrimination of disabled students in post secondary settings. I, the undersigned student, understand that the accommodations approved above are reasonable for certain classes or educational settings at this college and may not apply to other institutions.

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