

**CSU Office of Disability Services
Alternative Text Request Form**

For Electronic, Learning Ally, Braille and Publisher Requests
(Please fill out one form for each book)

Proof of Purchase must be provided before book can be ordered

Name: _____ Student Number: _____

Phone Number: _____ Email: _____

Today's Date: _____

Preferred Format:

_____ Learning Ally (RFB&D)

_____ Electronic format: _____ MS Word _____ PDF

_____ Braille

Item/Book Title: _____

Copyright/Edition: _____

Author: _____

Publisher: _____

ISBN: _____

Chapters/Sections needed: _____

Course title & number: _____

Instructor/faculty name: _____

Have you provided a syllabus? Yes No

Any requests made after the start of the semester must be accompanied by a syllabus.

For office use only

Date: _____

Learning Ally Order Only (ODS please initial all sections as well)

Date Ordered: _____

Date Received: _____

Comments: