Lehman College
Office of Student Disability Services

ALTERNATE FORMAT TEXTBOOK REQUEST FORM

Date: ___/___/________

Student Name: ______________________________

Student Contact #: __________________ Email: ______________________________

Course: ___________________________ Instructor: ____________________________

Book Title: ______________________________________________________________

Author(s): ______________________________________________________________

Publisher: ______________________________________________________________

Copyright Date: ___/___/_________ Edition: ______________________________

10 Digit ISBN#: ______________________________

Where did you buy book? ______________________________ Cost: __________

*In order to fulfill your request, it is mandatory that you purchase or rent the requested book and provide the Office a copy of the receipt.*

Format Request: Select one of these formats.

Audio File ☐ Accessible Structured PDF ☐ Microsoft Word ☐

Audio (Daisy/Learning Ally) CD ☐ Learning Ally Formerly known as RFB & D

For Office Use Only:

Order Date: ______/_____/__________ Phone or email: ______________________________

Ordered from: ________________________________ Delivery Date: ___/___/________

Comment: __________________________________________________________________

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Updated -10/30/2011 M. Santander