Academic Year:	☐ Summer	☐ Fall	☐ Spring
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## WOODLAND COMMUNITY COLLEGE Department of Supportive Programs and Services (DSPS)



## Alternate Media Request Form

	Student Last Name	First	Student ID		
	Phone Number	Student Email Address			
	is form is used to request alternate nate to alternate media requests.	nedia for textbooks you hav	e purchased. Please review the polici	es listed below that	
1.	The student must purchase each textbook, and provide proof of purchase to the Alternate Media Specialist. Without proof of purchase, alternate media cannot be provided.				
2.	The student must be enrolled in the course for which alternate media is requested.				
3.	The student must be registered with DSPS and have a current academic accommodation plan (AAP) that includes alternate media or assistive technology as an approved accommodation.				
4.	For requests of materials other than textbooks, the student must possess and provide a copy of the material for which alternate formats are requested.				
5.	If DSPS must scan a copy of the student's book, permission must be given for the book's binding to be removed and for the book to be re-bound with comb binding.				
6.	DSPS cannot be held responsible for replacement costs or damages that may occur as a result of conversion to alternate media formats.				
7.	DSPS cannot be held responsible for changes in book versions, cancellations of classes, or other unforeseen events that can occur. The student is solely responsible for ensuring the accuracy of materials/textbooks provided to DSPS for alternate media conversion requests.				
8.	The student cannot copy or reproduce any alternate media material provided by DSPS, nor allow anyone else to do so Misuse of this material may result in disciplinary action by WCC administration, and can jeopardize future service with DSPS. Unlawful distribution of material can also result in legal action by textbook publishers.				
9.	New alternate media requests must be made each semester, and it may take up to two weeks to fulfill requests after the request is made and proof of purchase is provided.				
	I understar	nd and agree to the policies	and procedures listed above.		
	Student Signature		Date		

Please complete the back of this form to add required information for each of your textbooks.

## Please complete the form below by adding all information for your <u>purchased</u> textbooks.

Class:	Instructor:
Book Title:	
Author(s):	
Edition:	ISBN #:
Office use only: ☐ Available ☐ Converted ☐ U	Iploaded
Class:	Instructor:
Book Title:	
Author(s):	
Edition:	ISBN #:
Office use only: ☐ Available ☐ Converted ☐ U	lploaded □ Cut □ Scanned □ Re-bound
Class:	Instructor:
Book Title:	
Author(s):	
Edition:	ISBN #:
Office use only: □ Available □ Converted □ U	Jploaded □ Cut □ Scanned □ Re-bound
Class:	Instructor:
Book Title:	
Author(s):	
Edition:	ISBN #:
Office use only: ☐ Available ☐ Converted ☐ U	lploaded □ Cut □ Scanned □ Re-bound
Class:	Instructor:
Book Title:	
Author(s):	
Edition:	ISBN #:
Office use only: \( \Pi \) Available \( \Pi \) Converted \( \Pi \) \( \Pi \)	Inloaded D Cut D Scanned D Pe hound