

E-TEXT REQUEST FORM

This form must be completed 8 weeks prior to each term in order for DSS to process the textbooks in a timely fashion and have e-texts available when classes begin.

Today's Date: _____

Student Name: _____

Phone #: _____

Email: _____

Please list the classes you would like e-text textbooks for:

| Class Name | Section | Professor |
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Please indicate one of the following:

- Mac
- PC

List the screenreader you use: _____

____ I understand that only required textbooks for courses are provided.

____ I understand I am responsible for acquiring my own textbooks.

____ I understand I must bring a receipt for all requested textbooks prior to receiving e-texts.

____ I understand that requests for e-texts can take several weeks to process.

____ I understand that e-texts are an accommodation and are for my use only.

Signature: _____