## Alternate Media Student Request Form

Alternate Media Center Cañada College Bldg. 9 ◆ 2<sup>nd</sup> Floor ◆ (650) 306-3170



NOTE: Please submit ONE completed form for EACH book being requested

STUDENT INFORMATION			
Name:		Date of Req	uest:
Student ID Nun	nber:		
What is the BEST phone # to reach you at?			
What is the BEST <b>email address</b> to reach you at?			
BOOK REQUE	STED		
Course:	ourse: Instructor Name:		
Book Title:			
Edition #:		Year of Pub	lication:
Publisher:			
ISBN #:			
Do you need th	e whole book? Yes / N	lo If no, what chapter	s/pages?
FORMAT REQ	UESTED		
□ Kurzweil	□ MP3 Audio		□ Microsoft Word
□ Braille	□ Enlarged Text	(Font Size)	□ Other
If requesting M	P3 Audio, see Alternate	e Media Student Profil	e? Yes / No