



DREW
UNIVERSITY

**Alternative Text Request Form
Office of Accessibility Resources (OAR)**

Name: _____ CWID#: _____ Phone _____

Course Number & Title: _____ Instructor: _____

Title of Text: _____

Author: _____ Publisher: _____

ISBN#: _____ Copyright year: _____ Edition: _____ Chapters/Pages: _____

Semester: _____ Fall _____ Spring _____ Summer _____ Year: _____

Format Preferred: Electronic/Text Audio Software Preferred: MS Word PDF

In consideration of the provision of textbooks and course materials in alternative text formats, Student acknowledges and agrees to the following:

- I understand that I must document a qualifying disability.
- I understand that I must own a physical copy of all materials requested in alternative format.
- I understand that I must be currently registered and enrolled in the particular class or classes for which I am requesting alternatively formatted materials.
- I agree not to copy or reproduce alternatively formatted materials, nor allow anyone else to do so.
- I understand that I assume all risk for damage to or loss of materials while they are signed out to me.
- I understand that failure to adhere to these regulations may be considered a violation of federal and/or state laws and may result in civil or criminal prosecution, payment of fines or other monies to the copyright holder, and/or incarceration.

Before receipt of materials, this agreement shall be signed by the student and the designated university official and kept on file.

I have read and understand the policies and procedures outlined above and agree to comply with them.

Student Date

OAR Representative Date