



DISABILITY SERVICES
Reading Technology Request Form

Please Note: You must complete a separate form for each textbook

Today's Date: _____

Semester/Year: _____

Student Information

Student Name: _____

Student Phone Number: _____

Student Email: _____

Course Information

Course Number & Title: _____

Course Instructor: _____

Text Information

Title: _____

Edition: _____ ISBN #: _____

Author(s): _____

Publishing Co. _____

Pub. Website: _____ Pub. Phone: _____

Number of Pages Requested: _____

ALTERNATE FORMATS AVAILABLE UPON REQUEST

Rev. 7/08

DISABILITY SERVICES

3800 Hillsborough Street • Raleigh, North Carolina 27607-5298 • Telephone (919) 760-8427, Fax (919) 760-2383

Text Format Preference:

<input type="checkbox"/> Digital (e-text)
<input type="checkbox"/> RFBD

Student Signature: _____

Date: _____

For office use only

Request received by DS:

Date: _____ Staff initials: _____

Notes:

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