



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: _____

Text Format Preference: If you are participating in the RT Pilot, then mark digital

- Digital (e-text)
- RFBD

Student Signature: _____ Date: _____

For office use only

Request received by DS:

Date: _____ Staff initials: _____

Notes:

ALTERNATE FORMATS AVAILABLE UPON REQUEST

Rev. 8/2/07

COUNSELING CENTER

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