

ALTERNATE MEDIA REQUEST FORM



PLEASE SUBMIT ONE FORM FOR EACH BOOK/REQUEST

INSTRUCTIONS: THIS FORM IS INTERACTIVE AND CAN BE FILLED OUT ONLINE. YOU NEED TO SAVE OR PRINT A COPY OF THE COMPLETED FORM IN ORDER TO SUBMIT IT. If you have questions or problems with this Form, see your EDC Advisor, DSS Counselor or the Assistive Technology Instructor for help.

1. **Complete all fields** on both page 1 and 2.
2. Save or print a copy of the filled form for your records.
3. **Submit the form:**
 - by e-mail attachment to: armstrongdeborah@deanza.edu
 - OR print a copy and submit to DSS, Student/Community Services, 141

IF YOU submit your form by e-mail, you should receive a confirmation from the Alt Media Specialist within two working days. If not, contact the Alt Media Specialist. Or if you drop the form at the DSS office, you must contact the Alt Media Specialist to confirm receipt.

STUDENT INFORMATION

First Name: _____ Last Name: _____ Date: _____
Phone: _____ Cellphone: _____ Email: _____
Best time to reach you. **Days:** _____ **Times:** _____
DSS Counselor/EDC Advisor: _____

ALTERNATE MEDIA INFORMATION

What kind of computer do you have at home? PC MAC None

Will you use alternate media in the CAL Lab? Yes No

Person authorized to pick your alt media, if any: _____

Preferred electronic voice, if any: _____ Preferred words-per-minute speed: _____

FORMATS

PREFERENCE

- | | 1st | 2nd |
|---|-----------------------|-----------------------|
| 1. Kurzweil .KES (K3000 or 100) | <input type="radio"/> | <input type="radio"/> |
| 2. MP3 (for IPod or other music players) | <input type="radio"/> | <input type="radio"/> |
| 3. Microsoft Word (2007, 2003 or earlier) | <input type="radio"/> | <input type="radio"/> |
| 4. PDF (for Acrobat Reader) | <input type="radio"/> | <input type="radio"/> |
| 5. Plain Text (txt format) | <input type="radio"/> | <input type="radio"/> |
| 6. Daisy Audio (RFB&D) | <input type="radio"/> | <input type="radio"/> |
| 7. Daisy Text (to read on PC) | <input type="radio"/> | <input type="radio"/> |
| 8. Publisher Supplied E-text | <input type="radio"/> | <input type="radio"/> |
| 9. Braille | <input type="radio"/> | <input type="radio"/> |

Other, please specify: _____

ALTERNATE MEDIA REQUEST FORM



■ CONFIRM BY CHECKING THE BOXES

- I have turned in an Alternate Media Authorization Form (the pink form) for this quarter signed by the counselor/advisor.
- I understand that I will not receive my alt media if this has not been done
- I have read and agree to abide by the Alternate Media Policies and Procedures.

Check Only one:

- I understand I am required to buy the textbook or other instructional materials all students in the class purchase and I can show my receipt, if requested.
- This book or these materials are supplied free of charge.

Student Signature: _____

Date: _____

■ COURSE/TEXTBOOK INFORMATION

Qtr./Yr: _____ Course: _____ Section: _____

Instructor: _____

Select Only One:

REQUIRED TEXTBOOK

Title: _____

Edition No.: _____

Authors: _____

ISBN No.: _____

Publishers: _____

Copyright: _____

If a previous edition is available, do you want to be informed? Yes No

OTHER MATERIAL to put into alternate media.

Description of Material: _____

What will you use this for? _____

Only one request per Form! Please fill in a separate form for each Book/Material you need.

**YOU NEED TO SAVE OR PRINT A COPY OF THE FILLED FORM IN ORDER TO SUBMIT IT
REQUIRES ACROBAT READER.**