



TEXTBOOK CONVERSION REQUEST FORM

Print Name: _____ Phone: _____

Semester: ☐ Fall ☐ Spring ☐ Summer Year: _____

Book Title: _____ Edition: _____ Copyright Date: _____

Author: _____ Publisher: _____

ISBN: _____

What Alternative Format Are You Requesting?

☐ Microsoft Word Docs. ☐ PDFs ☐ Audio (MP3s)

DSS Employee Signature: _____ Date: _____

OFFICE USE ONLY:

Book Brought In	Scanned	Edited	Completed

Student Contacted	Student picked up book/cd	Comments

Book on File: Yes ☐ No ☐ File Located: _____

CaféScribe: Yes ☐ No ☐ Access Text: Yes ☐ No ☐

Updated 7.1.15