

**Lehman College  
Office of Student Disability Services**

ALTERNATE FORMAT TEXTBOOK REQUEST FORM

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Contact #: \_\_\_\_\_

Email: \_\_\_\_\_

Course: \_\_\_\_\_

Instructor: \_\_\_\_\_

Book Title: \_\_\_\_\_

\_\_\_\_\_

Author(s): \_\_\_\_\_

\_\_\_\_\_

Publisher: \_\_\_\_\_

Copyright Date: \_\_\_\_\_

Edition: \_\_\_\_\_

10- or 13-Digit ISBN#: \_\_\_\_\_

Where did you buy book? \_\_\_\_\_

Cost: \_\_\_\_\_

\*In order to fulfill your request, it is mandatory that you **purchase or rent** the requested book and provide the Office a copy of the receipt.\*

**Format Request: Select one of these formats.**

Audio File

Accessible Structured PDF

Microsoft Word

**For Office Use Only:**

Order Date: \_\_\_\_\_

Ordered from: \_\_\_\_\_

Phone or email: \_\_\_\_\_

Delivery Date: \_\_\_\_\_

Comment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



*The City University of New York*  
**THE OFFICE OF STUDENT DISABILITY SERVICES**

**ELECTRONIC TEXT DISTRIBUTION AGREEMENT**

**Student Name:** \_\_\_\_\_

**EMPLID #:** \_\_\_\_\_

By signing this agreement the Office of Student Disability Services will:

- Determine if you are eligible to receive alternate formats of copyrighted materials due to disability.
- Provide access to the requested e-text when it is available.
- Notify you as soon as the materials become available for pick up or send digitally.

By signing this agreement, you agree to the following conditions:

- I agree that I am enrolled for the semester in the particular course(s) for which I am requesting alternatively formatted instructional materials.
- I have provided appropriate documentation indicating a need for alternate text and understand that this documentation will be kept on file at the college.
- I understand that I must purchase instructional materials at the same cost as other students.
- I agree that I will not copy or reproduce alternate formatted instructional materials nor allow anyone else to do so pursuant to the requirements of the copyright revision act of 1976 as amended (17 U.S.C. § 101 et seq.).
- I will not share these materials with any other party.
- I understand that any violation of this agreement may be considered a violation of CUNY's Code of Conduct and may result in penalties. Violations may also constitute a violation of federal and/or state laws and may result in civil or criminal prosecution, payment of fines or other money to the copyright holder, and/or incarceration.

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

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
College Representative

Date: \_\_\_\_\_