



HIGH POINT UNIVERSITY

Office of Accessibility Resources and Services
Alternate Format Textbook Request

Name _____ Term _____ DOB: _____ Date _____

Email _____ Student ID# _____ File Format _____

Academic Year: First Year Sophomore Junior Senior Graduate Student

****Please submit completed form and proof of purchase to altformat@highpoint.edu****

Disability Support has authorized the use of Alternate Format Textbooks as an approved accommodation for my disability. In order to use this accommodation, I agree to the following conditions:

- I will provide proof of purchase/rent for each textbook and **before receiving the alternative text.**
- I will use the alternate format provided for my personal use only.
- I will contact the Office of Accessibility Resources and Services with my request **at the start** of each term.
- I understand that my textbooks may be cut from the bindings and later rebound. These textbooks cannot be sold back to the bookstore.

Signature: _____ Date: _____

Course # and Section	Professor	Book Title	Edition/©
	Author	ISBN#	Publisher
Course # and Section	Professor	Book Title	Edition/©
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