



## Disability Support Programs & Services

### ALTERNATE MEDIA REQUEST FORM

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

Student ID#:  Email: \_\_\_\_\_@student.napavalley.edu

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

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

Semester:  Summer 20 \_\_\_\_  
 Fall 20 \_\_\_\_  
 Spring 20 \_\_\_\_

#### Important Notes:

- Attach **ALL RECEIPTS** with requests (copyright laws regulating textbooks and other materials)
- Without receipts, access to your materials may be delayed
- Requests will be processed within 7 business days unless further information is needed

Class: _____ Section #: _____ Instructor: _____ Book Title: _____ Author(s): _____ Edition: _____ Publisher: _____ ISBN: _____ Format: <input type="checkbox"/> Kurzweil <input type="checkbox"/> MP3 <input type="checkbox"/> Enlarged Print (font size) _____ <input type="checkbox"/> Braille <input type="checkbox"/> Other _____	<b>STAFF ONLY:</b> Receipt: <input type="checkbox"/> Yes Staff Initials: _____ File Located: <input type="checkbox"/> No <input type="checkbox"/> Yes Location: _____ <input type="checkbox"/> Downloaded Upload Date: _____ Student Notified: _____ <input type="checkbox"/> SAM contact
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Email: dsps@napavalley.edu OR  
In person: Room #1766 (DSPS Office Second Floor of McCarthy Library)  
Questions: San T. Lu, MA, (707) 256-7429

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