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## **UNCSA ACCESSIBILITY RESOURCES ALTERNATIVE FORMAT CONTRACT**

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Last Name                      First Name                      Student I.D.                      UNCSA email address

I understand that I will need to purchase and provide the original receipt and the book(s) to Accessibility Resources to be put in alternative format. I also understand that the book(s) will be cut for scanning and returned to me unbound. I understand that I may not share, copy, or resell any CDs or electronic files, in compliance with the Chafee Amendment regarding copyright laws (Public Law 104-197). I understand failure to provide materials to be formatted in a timely fashion may result in a delay in materials being provided. At the end of the semester students must return all tapes and disks.

I have read the policies and procedures and agree to them. Failure to comply with these terms may result in termination of this service.

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

**Format requested:**

Audio/MP3     Braille     Large Print  
 Electronic text file (Please circle format: Image - Word - pdf)

Book Title and Author	Ed./ ©	ISBN #	Requested from Publisher (Date)	Date PRODUCED	Date given to STUDENT
1)					
2)					
3)					
4)					
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