

**SHSU Services for Students with Disabilities (SSD)  
ALTERNATIVE FORMAT TEXT REQUEST FORM**

Student Name: \_\_\_\_\_ ID #: \_\_\_\_\_ Semester: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_  
Personal Learning Ally Account?    Yes    No    VA or DARS Client?    Yes    No

What software do you use to read your eText books?

What format works best for your eText books?    PDF    RTF    Other (describe \_\_\_\_\_ )

**Proof of Purchase will be required at time of pick up for all Alternative Format Books.**

**Use of Alternative Texts must be approved by the SSD Director or his designee.**

1. Title: \_\_\_\_\_  
Author(s): \_\_\_\_\_  
Edition: \_\_\_\_\_ Publisher: \_\_\_\_\_  
ISBN #: \_\_\_\_\_ (usually starts with 978 and is 13 digits long)  
Course: \_\_\_\_\_ (i.e. ENGL 1301.01) Instructor: \_\_\_\_\_  
Requested Format:    eText    Audio (if approved)
2. Title: \_\_\_\_\_  
Author(s): \_\_\_\_\_  
Edition: \_\_\_\_\_ Publisher: \_\_\_\_\_  
ISBN #: \_\_\_\_\_  
Course: \_\_\_\_\_ Instructor: \_\_\_\_\_  
Requested Format:    eText    Audio (if approved)
3. Title: \_\_\_\_\_  
Author(s): \_\_\_\_\_  
Edition: \_\_\_\_\_ Publisher: \_\_\_\_\_  
ISBN #: \_\_\_\_\_  
Course: \_\_\_\_\_ Instructor: \_\_\_\_\_  
Requested Format:    eText    Audio (if approved)
4. Title: \_\_\_\_\_  
Author(s): \_\_\_\_\_  
Edition: \_\_\_\_\_ Publisher: \_\_\_\_\_  
ISBN #: \_\_\_\_\_  
Course: \_\_\_\_\_ Instructor: \_\_\_\_\_  
Requested Format:    eText    Audio (if approved)
5. Title: \_\_\_\_\_  
Author(s): \_\_\_\_\_  
Edition: \_\_\_\_\_ Publisher: \_\_\_\_\_  
ISBN #: \_\_\_\_\_  
Course: \_\_\_\_\_ Instructor: \_\_\_\_\_  
Requested Format:    eText    Audio (if approved)

**Send Request To: [DISABILITY@SHSU.EDU](mailto:DISABILITY@SHSU.EDU)** We will contact you as soon as complete or should we have questions.  
**For requesting additional books – please complete additional form.**