

E-TEXT REQUEST FORM

Please return completed form to the SSD office.

Late Requests: If classes have already started, you must meet with the E-Text Coordinator

Today's Date: _____
Month Day Year

Student Name: _____
First Last

Student ID Number: _____

Telephone Number: _____

E-mail Address: _____

Please list the classes that you would like e-text textbooks for:

CLASS NAME <small>i.e. MUNM 101</small>	SECTION <small>i.e. 001</small>	INSTRUCTOR'S NAME	Do you need journal articles and handouts scanned?	
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No

Preferred File Format: PDF Word EPUB

Do you use a PC or a Mac? PC Mac

List the screenreader you use: _____

Have you already reserved your textbooks through the University Bookstore? Yes No

Would you like your books reserved through the Bookstore and charged to your NCard account?
This requires an active NCard account. Requests cannot be processed through the Bookstore without this account.
 Yes No*

A response of no means **you are responsible for acquiring your texts and bringing them into the SSD office for processing. For timely conversion of your materials, we require the textbooks to be brought in 5 weeks before the start of classes.*

Rented textbooks **cannot** be used if a book needs to be scanned.
 Please provide a purchased copy.

E-text Request received by SSD office. _____ (staff initials)

AGREEMENT on USE of MATERIALS in ALTERNATE FORMAT

Please return completed form to the office.

University of NE – Lincoln works to ensure that appropriate and reasonable accommodations are provided for students with disabilities. In order to maintain the integrity of the services offered and comply with applicable law, the following policies and procedures apply to all use of alternatively formatted course materials.

This agreement is made by and between Services for Students with Disabilities, (student) _____, and UNL.

In consideration of the provision of audio, electronic, large print, or Braille textbooks or other course materials, student acknowledges and agrees to the following:

- I understand that I must own a physical copy of all materials requested in alternative format, purchased at the same cost as other students.
- I understand that I must be currently registered at Services for Students with Disabilities and enrolled in the particular class or classes for which I am requesting alternatively formatted materials.
- I agree not to copy or reproduce alternatively formatted materials, nor allow anyone else to do so, pursuant to the Copyright Revision Act of 1976 as amended (17 USC 101etseq).
- I will not share the alternatively formatted materials with any other party.

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

Signature: _____ Student ID Number: _____

Today's Date: _____

Staff Initials _____

