

MIDDLE GEORGIA STATE UNIVERSITY
OFFICE OF DISABILITY SERVICES
ALTERNATIVE MEDIA REQUEST FORM

Please complete and return this form no later than 2 weeks prior to your semester start date. At that time, student will be required to present a copy of your receipts to show each requested text per the AMAC Student Agreement.

 Student's Name (printed)

 Semester and Year

 Date Received by DSP

1				
	Course Name and Number (ex. ENGL 1101)		Instructor's Name	
	Book Title		13-digit ISBN #	
	Author(s)	Publisher	Copyright	Edition
	DSP Notes:			

2				
	Course Name and Number (ex. ENGL 1101)		Instructor's Name	
	Book Title		13-digit ISBN #	
	Author(s)	Publisher	Copyright	Edition
	DSP Notes:			

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3				
	Course Name and Number (ex. ENGL 1101)			Instructor's Name
	Book Title			13-digit ISBN #
	Author(s)	Publisher	Copyright	Edition
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4				
	Course Name and Number (ex. ENGL 1101)			Instructor's Name
	Book Title			13-digit ISBN #
	Author(s)	Publisher	Copyright	Edition
	DSP Notes:			

5				
	Course Name and Number (ex. ENGL 1101)			Instructor's Name
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	DSP Notes:			